

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90003 002 ***150.00



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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # M33122
1. Corporation Name
DEZER HOTEL CORPORATION OF AMERICA

| | |
|--|--|
| Principal Place of Business 8701 COLLINS AVENUE MIAMI BEACH FL 33154 | Mailing Address 8701 COLLINS AVENUE MIAMI BEACH FL 33154 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/02/1986 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 58-1680836 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent MARK, MATTHEW 8701 COLLINS AVENUE MIAMI BEACH FL 33154 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | 85 Zip Code | |

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE *N. Dezertsov* N. Dezertsov DATE **8/24/99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEZER, MICHAEL | 1.2 NAME | |
| STREET ADDRESS | 89 FIFTH AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 1.4 CITY-ST-ZIP | |
| TITLE | DST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEZERTSOV, NAOMI | 2.2 NAME | |
| STREET ADDRESS | 89 FIFTH AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *N. Dezertsov* N. Dezertsov DATE **8/24/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

M 33122
611300



**Licensed
Real Estate Brokers**

89 Fifth Avenue
New York, N.Y. 10003

Tel: (212) 929-1285
Fax: (212) 633-0057

August 24, 1999

Division Of Corporations
Annual Reports Filings
409 East Gaines Street
Tallahassee, FL 32399

RE: Dezer Hotel Corp Of America.
M33122

To Whom It May Concern:

Enclosed please find a check for \$150.00, and the 1999 Profit Corporation Annual Report for the aforementioned company. As a result of poor mail service we never received the original forms. I ask that you show consideration and waive the \$400.00 penalty. This is the first time this has ever occurred, and hopefully it will be the last. To avoid future problems please mail any correspondence to:

Dezer Hotel Corp Of America.
C/O Michael Dezer
89 5th Avenue
11th Floor
New York, NY 10003

If you should have any questions please feel free to contact me personally.

Sincerely,

Michael Berman
Assistant Controller

CC: Neomi Dezer