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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M89039 (5)
1. Corporation Name
DI LIDO BEACH HOTEL CORPORATION



Principal Place of Business: 155 LINCOLN RD MIAMI BEACH FL 33139
Mailing Address: 155 LINCOLN RD MIAMI BEACH FL 33139-2001

3. Date Incorporated or Qualified: 07/11/1988
3a. Date of Last Report: 02/09/1996
4. FEI Number: 59-1348115
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
LAZAR, BRUCE
THERREL BAISDEN & MEYER WEISS
1111 LINCOLN RD MALL STE 500
MIAMI BCH FL 33139
ADDRESS CHANGE

10. Name and Address of New Registered Agent
81 Name: Lazar & Associates
82 Street Address (P.O. Box Number is Not Acceptable): 2901 Collins Avenue, Suite M
83 City: Miami Beach FL 85 Zip Code: 33140

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LOWENSTEIN, ALFREDO	1.2 NAME	
STREET ADDRESS	155 LINCOLN RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	
NAME	COONEY JOHN W	2.2 NAME	
STREET ADDRESS	169 LINCOLN RD #318	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	CAMPBELL, ISABELLE	3.2 NAME	
STREET ADDRESS	155 LINCOLN RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE	ASD	4.1 TITLE	
NAME	LAZAR, BRUCE E	4.2 NAME	
STREET ADDRESS	1111 LINCOLN ROAD STE 500	4.3 STREET ADDRESS	2901 Collins Ave, Suite M
CITY - ST - ZIP	MIAMI BEACH FL 33139	4.4 CITY - ST - ZIP	Miami Beach, Fl. 33140
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: Isabelle Campbell 1/16/97 305-538-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)