

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90089 024 ***150.00

DOCUMENT # M89039
 1. Entity Name
DI LIDO BEACH HOTEL CORPORATION



44038142



01132004 Chg-P CR2E034 (10/03)

Principal Place of Business
**2901 COLLINS AVE
 MIAMI, FL 33140**

Mailing Address
**PO BOX 19-1380
 MIAMI BEACH, FL 33139**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
59-1348115

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LAZAR, BRUCE
 LAZAR AND ASSOC
 2901 COLLINS AVE SUITE M
 MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOWENSTEIN, ALFREDO	
STREET ADDRESS	465 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COONEY JOHN W	
STREET ADDRESS	469 LINCOLN RD #318	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JUDITH MATHIA	
STREET ADDRESS	189 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	LAZAR, BRUCE E	
STREET ADDRESS	2901 COLLINS AVE SUITE M	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LOWENSTEIN, DIEGO	
STREET ADDRESS	2901 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2901 Collins Avenue	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2901 Collins Avenue	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	33140	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce E. Lazar, VP Date: 4/8/04 Daytime Phone #: 305 532-1215