SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97; \$550, IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

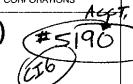
Sandra B. MortKem

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000019736 (3)

CLINTON INTERNATIONAL GROUP GULF COAST, INC.



FILED Sep 05 1997 8:00am Secretary of State

	, <u>y</u>		Cyc					
Principal Place		Mailing Address			1 100 1100 110 00 110 00 111 00 111) 3 111 1 34 1
PENTHOUSE		PENTHOUSE	2121 PONCE DE LEON BOULEVARD PENTHOUSE CORAL GABLES FL 33131		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 03/01/1996	3a. Date of	`	
	ace of Business	2a. Mailing Address			4. FEI Number			olied For
21		26		····	Applied FOR			Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State	ly & State		6. Election Campaign Financing				
23 Zin			Country		Trust Fund Contribution	r has paid the current year Intengible		
24	25	29	30	,	Personal Property Tax due June			•
5-4-1	9. Name and Address of Curre		1001		10. Name and Address of New Re			
MAI	RCUS, STEWART		81	Name				
	1 PONCE DE LEON BOULEVA	RD	82	Street Add	dress (P.O. Box Number is Not Acceptate	200		
PENTHOUSE				Street Add	iless (F.O. Box Noriber is Not Acceptat	ле)		
	RAL GABLES FL 33131		83	3	· · · · · · · · · · · · · · · · · · ·			
			84	1 City		85	Zip Co	ode -
•				· Oilly		FL 🏻	2.000	Jue
agent. I ar SIGNATURE	n familiar with, and accept the obli	gations of, Section 607.0505, F	torida Statute	es.	poration submits this statement for the patients board of directors. I hereby acceptions		ent as re	egistered
12,	Signature, typed or printed name of registered a	gent and this it applicable (NC ND DIRECTORS	13.	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRE	ECTORS	: INI 12
TITLE	M	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		hange	Addition
NAME	MARCUS, STEWART		1.2 NAME				ria.igo	7100111011
STREET ADDRESS	2121 PONCE DE LEON BOL	JLEVARD. PENTHOUSE		T ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33131		1.4 CITY-					
TITLE	D	☐ DELET e	2.1 TITLE			c	hange	Addition
NAME	BOGGIO, LLOYD J		2.2 NAME					
STREET ADDRESS	2121 PONCE DE LEON BOI	JLEVARD, PENTHOUSE	2.3 STREE	T ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33131		. 2. 4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE				hange	Addition
NAME	SHACKLETON, NICHOLAS J		3.2 NAME					
STREET ADDRESS	2121 PONCE DE LEON BOI	JLEVARD, PENTHOUSE	3.3 STREE	T ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33131		3.4. C IY-					****
TITLE		☐ DELETE	4.1 T 1.E			ЦC	hange	Addition
NAME			4. 2 I M					
STREET ADDRESS			4	T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE			<u> </u>	hange	Addition
NAME		ב סגנננ	5.1 TITLE 5.2 NAME			∪	nango	AJUNION ليے
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE	W	DELETE	6.1 TiTLE	O1-EIF	· · · · · · · · · · · · · · · · · · ·		hange	Addition
NAME			6.2 NAME			<u></u> •		
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			6.4 CITY-					
14. I do hereb	y certify that the information suppli	ed with this filing does not qua	lify for the ex	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further certi	fy that th	16
intormation I am an of appears ir	n indicated on this annual report or ficer or director of the comporation of Block 12 or Block 13 if changed	supplemental annual report is the receiver or trustee embor or do an attachment with an ac	true and acc wered to exe idress.	curate and that cute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida 8	at effect as if ma Statutes; and tha	ide unde at my nai	er oath; that me