

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
97 JAN 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V71102 (0)

1. Corporation Name
SHELBORNE OCEAN BEACH HOTEL CORP.

Principal Place of Business
**999 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

Mailing Address
**999 WASHINGTON AVENUE
MIAMI BEACH FL 33139-5015**

3. Date Incorporated or Qualified **10/14/1992** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt #, etc		26 Suite, Apt #, etc.		65-0361746		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		87.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent
~~GALBUT, ABRAHAM A.
999 WASHINGTON AVE
MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent
81 Name **FILINGS INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **3932 N.W. 16th Street**
83
84 City **FT. LAUDERDALE** FL 85 Zip Code **33301**

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: *Shlomo Roman* (NOTE: Registered Agent signature required when reinstating) DATE: **1-27-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GALBUT, RUSSELL W.	1.2 NAME	
STREET ADDRESS	999 WASHINGTON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	VSTO	2.1 TITLE	
NAME	GALBUT, ABRAHAM A.	2.2 NAME	
STREET ADDRESS	999 WASHINGTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	DACKOK, SHLOMO	3.2 NAME	
STREET ADDRESS	5445 COLLINS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

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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: *Shlomo Roman* DATE: **1/27/97**

CR2E034 (9/96)