

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M89039

**FILED
Mar 25, 2015
Secretary of State
CC0922978180**

Entity Name: DI LIDO BEACH HOTEL CORPORATION

Current Principal Place of Business:

605 LINCOLN RD
5TH FL
MIAMI BEACH, FL 33139

Current Mailing Address:

605 LINCOLN RD
5TH FL
MIAMI BEACH, FL 33139

FEI Number: 59-1348115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAZAR, BRUCE
605 LINCOLN RD - 5TH FL
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name LOWENSTEIN, ALFREDO
Address SALITA CARLO BOSSOLI 3
APT 6
City-State-Zip: LUGANO TICINO SW 6900

Title DV
Name LOWENSTEIN, DIEGO
Address 605 LINCOLN RD - 5TH FL
City-State-Zip: MIAMI BEACH FL 33139

Title DV
Name LOWENSTEIN-BOANO, PAULA
Address 605 LINCOLN RD - 5TH FL
City-State-Zip: MIAMI BEACH FL 33139

Title DV
Name LOWENSTEIN-ELORTEGUI, FLAVIA
Address 605 LINCOLN RD - 5TH FL
City-State-Zip: MIAMI BEACH FL 33139

Title DV
Name LOWENSTEIN, CARLA
Address 605 LINCOLN RD - 5TH FL
City-State-Zip: MIAMI BEACH FL 33139

Title VS
Name LAZAR, BRUCE E
Address 605 LINCOLN RD - 5TH FL
City-State-Zip: MIAMI BEACH FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE E. LAZAR

VICE-PRESIDENT

03/25/2015

Electronic Signature of Signing Officer/Director Detail

Date