

AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FILED

May 06 1997 8:00am  
Secretary of State

CORPORATION ANNUAL REPORT 1994  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # 152938 (7)

1. Corporation Name  
THE SURFCOMBER HOTEL CORP.

Mailing Address  
1717 COLLINS AVENUE  
MIAMI BEACH FL 33139

Principal Place of Business  
1717 COLLINS AVENUE  
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date last reported (or Qualified)		3a. Date of Report	
11/03/1997		04/23/1997	
4. FEI Number		Applied For	
59-0589140		Not Applicable	
6. Certificate of Status Desired		8. Election Campaign Financing Trust Fund Contribution	
S/S 75		<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		\$5.00 May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MIRMELLI, JAY 1717 COLLINS AVENUE MIAMI BEACH FL 33139		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation hereby certifies 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and his/her address. (NOTE: Registered Agent signature required when reappointment.)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/O	1.1 TITLE	
1.2 NAME	MIRMELLI, STEWART	1.2 NAME	
1.3 STREET ADDRESS	1717 COLLINS AVENUE	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
2.1 TITLE	S/O	2.1 TITLE	
2.2 NAME	MIRMELLI, JAY	2.2 NAME	
2.3 STREET ADDRESS	1717 COLLINS AVENUE	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

PAID  
CHK # 6555  
Date: 4-30-97

AV 56-97

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\*\*\*165.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(7)(b), 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 305-532-7715