

NO DUPLICATE CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
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
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DOCUMENT # 154287 (7)

1. Corporation Name
THE SEACOMBER HOTEL CORP.

2. 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 of Report or Qualified 06/30/1998	3a. Date of Last Report 04/23/1997
4. EIN Number 59-6071081	Applied For Not Applicable
5. Certificate of Status Desired ☒ SUTZ-WINGGARTEN-Getting	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 22, 199.032, Florida Statutes ☐ Yes ☐ No	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

MIRMELLI, E. JAY
1717 COLLINS AVENUE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

01 Name	02 Street Address (P.O. Box Number is Not Acceptable)	03	04 City	05 FL	06 Zip Code
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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 ratifies the 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 title if applicable.

(NOTE: If registered Agent signature required when re-registering)

FL

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

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

PAID

GK.# 6556

Date: 4-30-97

DW 5-6-97

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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 119.06(3)(a), 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