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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 307170

(1)

FILED
May 06 1998 8:00am
Secretary of State

Principal Plac SCROWN H	e of Business OTEL S AVE.	Mailing Address * CROWN HOTEL 4041 COLLINS AVE. MIAMI BEACH FL 33140	U		DO NOT WRIT 3. Date Incorporated or Qualified 07/13/1966			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	T Applied f		pplied For
21 2 Sulte, Apt. #, etc.		Suite, Apt. #, etc.			59-1205851		Not Applicable \$8.75 Additional	
22		27			5. Certificate of Status Desired			equired
City & State	е	City & State			6. Election Campaign Financing			May Be
Zip	Country	7 ip	Cour	ntry	Trust Fund Contribution 8. This corporation owes or has p	aid the cu		to Fees
24	25	29	30		Personal Property Tax due Jun	e 30.	Yes [No
	9. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New R	egistered	Agent	
COHEN, ALAN 4041 COLLINS AVE. MIAMI BEACH FL 33140				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City			85 Zip	Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607, ogistored agent, or both, in the Sim familiar with, and accept the of Signature, typed or privided name of registers.	tate of Florida. Such change was bligations of, Section 607.0505, Fl	authorized lorida Stati	by the corportes.	corporation submits this statement for the pration's board of directors. I hereby accor-	nurpose p	f changing i	its registered s registered
12.		AND DIRECTORS	13.	Agent signature n	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TITLE	PD			LE			Change	Addition
NAME	COHEN, ALAN J. 4041 COLLINS AVE.			ME				
STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH FL		- 6	REET ADDRESS Y-S1-ZIP				
TITLE	VD	DELETE 2.1 Ti					Change	Addition
NAME	COHEN, JOEL	221		ME				
STREET ADDRESS	4041 COLLINS AVE			REE! ADDRESS				ļ
CITY-ST-ZIP TITLE	MIAMI BEACH FL	DELETE	2.4 CI	TY-ST-ZIP			Change	Addition
NAME			3.2 NA	I			orange	7,000001
STREET ADDRESS				LEET ADDRESS				}
CITY-ST-ZIP				TY-ST-ZIP	·		TT	
TITLE NAME		DELETE	4.1 TiT 4. 2 NA				☐ Change	☐ Addition
STREET ADDRESS				MEET ADDRESS				İ
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		DELETE	5.1 TIT	LF			Change	Addition
NAME			5.2 NA	ſ				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	6.1 TIT	Y-ST-ZIP			Change	Addition
NAME			6.2 NA					
STREET ADDRESS			63 ST	REET ADDRESS				}
CITY-ST-ZIP	 			Y-ST-ZIP				
14. I hereby o	certify that the information supplie	d with this filling does not qualify t	or the exe	mption stated	in Section 119.07(3)(i), Florida Statutes.	I further co	ertify that the	e information

4. I hereby certify that the information supplied with this tiling 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 suppliemental 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 exceed 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:

ALAN COHEN-

4-29-98

(305)538-9042