## 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

POCUMENT # 409033

(8)

HOTEL OCEAN GRANDE, INC.

**FILED** May 06 1997 8:00am Secretary of State

|--|

| Principal Place<br>100 37TH STRI<br>MIAMI BEACH<br>US | EET   | Mailing Address C/O 2500 S.W.75TH AVENUE ATTN: JOHN KIRBY MIAMI FL 33155 US |                               |                    | 3. Date Incorporated or Qualified 3a. Date of Last Report  |   |                    |                       |              |  |
|---|---|---|-------------------------------|--------------------|--|---|--------------------|-----------------------|--------------|--|
|   |   |   |                               |                    |  | 09/19/1972  | 04/15              | /1996                 |              |  |
|   | lace of Business  | 26. Mailing Address   |                               |                    | ) harmonia de la composición dela composición de la composición de la composición dela composición del composición de la composición del composición de la composición del com |   |                    | pplied For            |              |  |
| 21  | # Ala   | Suite, Apt. #, etc.   |                               |                    |  |   |                    | lot Applicable        |              |  |
| Suite, Apt.   |   | 27  | 27                            |                    |  | 5. Certificate of Status Desired  | Fee Required       |                       |              |  |
| City & State  | 0   | h   | City & State                  |                    |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees   |                    |                       |              |  |
| Zip   | Country   |   | Zip Country                   |                    |  | 8. This corporation has liability for intengible tax under s. 199.032,  |                    |                       |              |  |
| 24  | 25  | 29  | 30                            | •                  |  |   | Yes [              |                       | 8. 199.032   |  |
|   | 9. Name and Address of Curr                               | ent Registered Agent  |                               |                    |  | 10. Name and Address of New Re  | gistered Ag        | ent                   |              |  |
|   | BY, JOHN  |   |                               | 81                 | Name   |   |                    |                       |              |  |
|   | O SW 75TH AVE.  |   |                               | 82                 | Street A   | ddress (P.O. Box Number is Not Acceptab   | le)                |                       |              |  |
| MIAI  | MI FL 33155   |   |                               | 83                 | ·  |   |                    |                       |              |  |
|   |   |   |                               | 84                 | C0   |   |                    | o                     | Codo         |  |
|   |   |   |                               | 64                 | City   |   | FL                 | <b>85</b> <i>Z</i> ip | Code         |  |
| SIGNATURE   | Signature, typed or printed nank of registered OFFICERS A | agent and title if applicable (No   | OTE: Negislére<br><b>13</b> . | д Адс              |  | ration's board of directors. I hereby acception of the properties | DATE<br>CERS AND [ | IRECTO                | PRS IN 12    |  |
| TITLE   | PDS   | DELETE  | 1.1 11                        |                    |  |   |                    | <b>J</b> Change       | [] Addilion  |  |
| NAME  | URLICH, SYLVIA<br>235 SOLANO PRADO                        |   | 1.2 N                         |                    |  |   |                    |                       |              |  |
| STREET ADDRESS CITY-ST-ZIP                            | CORAL GABLES FL   |   |                               | 1.3 STREET ADDRESS |  |   |                    |                       |              |  |
| TITLE   | 1   | DELETE  | 2.1 1)                        |                    | -  |   |                    | Change                | Addition     |  |
| NAME  | URLICH, SYLVIA  |   | 2.2 N                         | AME                |  |   |                    |                       |              |  |
| STREET ADDRESS  | 235 SOLANO PRADO  |   |                               | 2.3 STREET ADDRESS |  |   |                    |                       |              |  |
| CITY-ST-ZIP   | CORAL GABLES FL   | DELETE  | ,                             |                    | S1 - ZiP   |   |                    | <del></del>           | T 4 1000     |  |
| TITLE   | H:  | DELETE  | 3.1 1f<br>3.2 N/              |                    | -  |   | L.                 | ] Change              | Addition     |  |
| name<br>Street address                                | i.  |   |                               |                    | ADDRESS  |   |                    |                       |              |  |
| CITY-ST-ZIP   |   |   |                               |                    | S1-ZIP   |   |                    |                       |              |  |
| TITLE   |   | DELETE  |                               |                    |  |   |                    | Change                | Addilion     |  |
| NAME  | l:  |   | 4. 2 N                        | IAME               | ļ  |   |                    |                       |              |  |
| STREET ADDRESS  |   |   |                               |                    | ADDRESS  |   |                    |                       |              |  |
| CITY-ST-ZIP   |   | DELÉ TÉ   | 4.4 CI<br>5.1 TI              |                    | 1 - 21P  |   | г                  | Change                | Addition     |  |
| TITLE<br>NAME   |   |   | 5.1 II<br>5.2 N/              |                    | 1  |   | L                  | 1 ousuñe              | F"1 Manitol) |  |
| STREET ADDRESS  |   |   |                               |                    | ADDRESS  |   |                    |                       |              |  |
| CITY-ST-ZIP   |   |   |                               |                    | it - ZiP   |   |                    |                       |              |  |
| TITLE   |   | Det F16   | 6.1 TI                        | TLE                |  |   | Į.                 | Change                | Addition     |  |
| NAME  |   |   | 6.2 N                         |                    |  |   |                    |                       |              |  |
| STREET ADDRESS  |   |   |                               |                    | ADDRESS  |   |                    |                       |              |  |
| CITY-ST-ZIP   | by certify that the information supp                      | lied with this filiten does not au  |                               |                    | I-ZIP  | ited in Section 119.07(3)(i), Florida Statute   | s I further o      | ertify the            | t the        |  |

annual roport is true and accurate and that my signature shall have the same logal effect as if made under oath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name