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

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May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **409033** **(8)**

1. Corporation Name
HOTEL OCEAN GRANDE, INC.

Principal Place of Business
100 37TH STREET
MIAMI BEACH FL 33140
US

Mailing Address
C/O 2500 S.W.75TH AVENUE
ATTN: JOHN KIRBY
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Street Address
22 City, State
23 Zip 24 County

2a. Mailing Address
26 Street Address
27 City, State
28 Zip 29 County 30

3. Date Incorporated or Qualified
09/19/1972

4. FEI Number
59-1415761
Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
KIRBY, JOHN
2500 SW 75TH AVE.
MIAMI FL 33155

10. Name and Address of New Registered Agent
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 Section 607.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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, Florida Statutes.

SIGNATURE (Required if this is a change of registered agent.) DATE

12. OFFICER AND/OR DIRECTOR

TYPE	**PDS**	[ ] DELETE
NAME	**URLICH, SYLVIA**	
STREET ADDRESS	**235 SOLANO PRADO**	
CITY-ST-ZIP	**CORAL GABLES FL**	
TYPE	**T**	[ ] DELETE
NAME	**URLICH, SYLVIA**	
STREET ADDRESS	**235 SOLANO PRADO**	
CITY-ST-ZIP	**CORAL GABLES FL**	
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TYPE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TYPE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TYPE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TYPE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TYPE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TYPE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I hereby certify that the information indicated on this report or supplemental attachment 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, Florida Statutes; and that my name appears in Block 12 or 13 above, or on an attachment with all other like empowered.

SIGNATURE: Sylvia Urlich PDS 4-27-98 305-264-5254

CR2E034 (10/97)