## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #**1. Corporation Name 709105 (1)

GREATER MIAMI & THE BEACHES HOTEL ASSOCIATION, I

NC.									
Principa! Place	e of Business	Mailing Address					IN GRUIN BIBRI BIBII	81843 81841 81841 <b>188</b> 1	
407 LINCOLN SUITE 10 G		407 LINCOLN ROAD SUITE 10 G MIAMI BEACH FL 3313	ła.						
MIAMI BEACH FL 33139 US		US			3. Date incorporated or Qualified				
2. Principal P	lace of Business	2a. Mailing Address			•	4. FEI Number Applied For			
1		26				59-0272095	66	Not Applicab	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	T .	3.75 Additional Fee Required	
City & Stat	re	City & State				<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	1 1	5.00 May Be Added to Fees	
Zıp	Country	Zip	Con	ntry		8. This corporation has liability for in		ters 199.032,	
4	25	29	30	30		Fiorida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Hegistered Agent		<b>81</b> N	ame	10. Name and Address of New Ke	distated what		
	BLUMBERG, STUART L				reet Addr	et Address (P.O. Box Number is Not Acceptable)			
	COLN ROAD			83					
	SUITE 10 G						1		
MIAMI BEACH FL 33139				84 C	ty	FL 85 Zip (			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the abo	ve-nam	ed corpor	ration submits this statement for the purp	ose of channing	g its registered of	
or registe familiar w	ered agent, or both, in the State of Florid vith, and accept the obligations of, Section	a. Such change was author in 617.0503, Florida Statute	ized by the c es.	corporat	ion's boai	rd of directors. I hereby accept the appo	intment as regis	tereo agent. i am	
SIGNATURE			-075 E			d about a find a find	DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Agen asg	ature require	d when reinstating) ADDITIONS/CHANGES TO OFFI		ECTORS IN 12	
TITLE	CD	DELETE		1 1 TITLE			☐ Ch		
NAME	HANCOCK, RICK	-	1.2 N	AME	- }		_		
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CIFY+ST-ZIP	MIAMI BEACH FL 33139		1.4 C	TY-ST-ZI	,				
TI <sup>7</sup> LE	VCD			2 1 TITLE			☐ Ch	ange 🔲 Additio	
NAME	JACOBS, ERIC		2 2 N	AME					
STREET ADDRESS	407 LINCOLN ROAD STE 10G		235	TREET ADD	RESS				
CITY - ST - ZIP	MIAMI BEACH FL 33139			HTY-ST-Z	Р			- District	
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NAME	RODIBOUGH, DOUG		32 N						
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CITY-ST-ZIP	MIAMI BEACH FL 33139	DELETE	3.4. C	ITY - ST - Z	r		☐ Ch	ange	
TITLE NAME	NOSTRAND, STEPHEN		4.21					J	
STREET ADDRESS	**= *********			TREFT ADD	RESS				
CITY - ST - ZIP	MIAMI BEACH FL 33139			1TY-ST-21				_	
TITLE	S	DELETE	5 1 T		5		Cr	ange Additio	
NAME	STEINGOLD, MARSHALL	<b>-</b>	5 2 N	AME	- C	NICHAEL STEIN	<b>م</b> س	_	
STREET ADDRESS			53S	TREET ADD	RESS 4	ot uncoln road , ?	wite 10	5	
CITY-ST-ZIP	MIAMI BEACH FL 33130		5 4 C	ITY - ST - ZI	P M	HAMI BEACH, FL 3	3129		
TITLE		DELETE	61 T	ITLE	T		□ cr	iange 🔲 Additio	
NAME			62 N	AME					
STREET ADDRESS			638	TREET ADD	PESS				
CITY-ST-ZIP	<u> </u>		640	11Y-ST-Z	P		07/0/43 5: ::	Otal day 16 40	
14. I do here certify the oath; the appears	eby certify that the information supplied wat the information indicated on his annual till am an officer or director of the corpoin Block 12 or Block 13 if changin, or c	vith this filing is voluntarily fu al report or supplemental ar ration or the receiver or trus n an atternment with an ad	irnished and nnual report itee empowe Idress	does no is true a ered to e	ot qualify t and accura execute th	for the exemption stated in Section 119, ate and that my signature shall have the iis report as required by Chapter 617, Fic	ບາ(ປ](K), Florida same legal effec prida Statutes; a	otatutes. I further at as if made under and that my name	

SIGNATURE: \_\_\_

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 2,1996

(305)531-3553

CR2E037 (12/95)