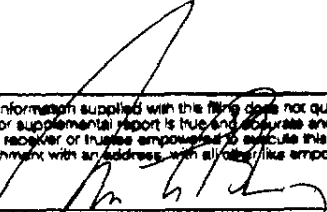


Jan. 14, 2004 4:16PM SOBEL, GLACKMAN & SOBEL P.A.

No. 3149 P. 2/2

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 709105		
1. Entity Name GREATER MIAMI & THE BEACHES HOTEL ASSOCIATION, INC.		
Principal Place of Business 407 LINCOLN ROAD SUITE 10 G MIAMI BEACH, FL 33139 US		Mailing Address 407 LINCOLN ROAD SUITE 10 G MIAMI BEACH, FL 33139 US
		
		01142004 No Chg-NP CR2E037 (10/03)
4. FEI Number 59-0272085		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BLUMBERG, STUART L 407 LINCOLN ROAD SUITE 10 G MIAMI BEACH, FL 33139		
7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees U000000008764 01/16/04-80046-020 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROMERO, JUAN 407 LINCOLN RD., STE 10-G MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HINES, CHARLIE 407 LINCOLN RD., STE 10-G MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HARVEY, LINDA 407 LINCOLN RD STE 10G MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOSTRAND, STEPHEN 407 LINCOLN RD STE 10G MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANTON, SPERO 407 LINCOLN RD, STE 10G MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address with all other like empowered.		
SIGNATURE:  STUART L. BLUMBERG 1-14-04 305-531-3553 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone		