SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:59

DOCUMENT # **F86904** **(2)**

1. Corporation Name
P L M FLORIDA HOTELS, INC.

Principal Place of Business	Mailing Address
~~1570 MADRUGA AVENUE, SUITE 216~~ ~~CORAL GABLES FL 33146~~	1570 MADRUGA AVENUE, SUITE 216 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1982
3a. Date of Last Report: 06/23/1994
4. FEI Number: 59-2198203 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 340 Biscayne Blvd.	26 1570 Madruga Av
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 211
23 City & State: Miami FL	28 City & State: Coral Gables, FL
24 Zip: 33132 25 Country: USA	29 Zip: 33146 30 Country: USA

9. Name and Address of Current Registered Agent

BARNS, PAUL D., JR
1570 MADRUGA AVE, STE 211
CORAL GABLES FL 33148

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 Sections 607.0502 and 607.1508, 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. Such 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	BELLIN, JACQUES	12 NAME		
STREET ADDRESS	20 AVENUE CHARLES LINDBE	13 STREET ADDRESS		
CITY-ST-ZIP	PARIS, FRANCE	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	LEHODEY, JOHN F.	22 NAME		
STREET ADDRESS	2 OVERHILL ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	SCARDALE NY	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BARNS, PAUL D JR.	32 NAME		
STREET ADDRESS	1570 MADRUGA AVE #211	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP		
TITLE	ATD	41 TITLE		☐ Change ☐ Addition
NAME	TASSIN, WILLIAM E.	42 NAME		
STREET ADDRESS	2 OVERHILL ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	SCARDADALE NY	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	SEBBAN, ARMAND	52 NAME		
STREET ADDRESS	12 RUE PORTALIS	53 STREET ADDRESS		
CITY-ST-ZIP	75008 PARIS FRANCE	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 supplemental 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 execute 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: Paul Barns 6/5/95 666-6177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087454 CP