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PROFIT CORPORATION

ANNUAL REPORT **19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H16514

FILED May 26 1998 8:00am Secretary of State

INTERNATIONAL BEACH HOTEL DEVELOPMENT, INC. Principal Place of Business Mailing Address **800 BREAKERS AVE** 909 BREAKERS AVE FT LAUDERDALE FL 33304-3319 FT LAUDERDALE FL 33304-3319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2454528 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zιο Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MEYERS, STEVEN P.A. ONE BISCAYNE TOWER, SUITE 3550 Street Address (P.O. Box Number is Not Acceptable) TWO SOUTH BISCAYNE BLVD MIAM FL 33133 83 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** Signature, typed or printed name of registered agent and little if applicable (NOTE_Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE □ DELETE 1.1 TITLE Change Addition **B**VIRSKY, SEYMOUR NAME 1.2 NAME **209 BREAKERS AVE** STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33304-3319 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition **AB**RAMOUITZ, CHARLES NAME 2.2 NAME 909 BREAKERS AVE STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL 33304-3319 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 3.1 TITLE AXELROD, BERHARD NAME 32 NAME **909** Breakers ave STREET ADDRESS 3 3 STREET ADDRESS FT LAUDERDALE FL 33304-3319 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Addition **AXELROD, CARHN** NAME 4. 2 NAME **90**9 Breakers ave STREET ADDRESS 4.3 STREET ADDRESS FT LAUDERDALE FL 33304-3319 CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-2IP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 ______

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