FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 10 1996 8:00 am
Secretary of State

DOCUMENT # **K22341** **(7)**

1. Corporation Name
LAS PALMAS RESORT, INC.

Principal Place of Business
600 E. CANFIED ST.
333 N. NEW RIVER D.. E. 2000 RIVERWALK PLZ
AVON PK FL 33825
US

Mailing Address
2455 E. SUNRISE BLVD.
#300
FT. LAUDERDALE FL 33304
US

3. Date Incorporated or Qualified: 04/25/1988
3a. Date of Last Report: 07/07/1995
4. FEI Number: 59-2899801 ☐ 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
21 600 E. CANFIELD ST.
Suite, Apt. #, etc.
22
City & State
23 AVON PARK - FL
Zip
24 33825
Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

BERGER, DELVI
C/O SILVESTRE PROPERTIES, INC.
2455 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304

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 ______

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	BERGER, DELVI	
STREET ADDRESS	2501 DEL MAR PL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	☐ DELETE
NAME	BERGER, ALEXANDRE	
STREET ADDRESS	2501 DEL MAR PL	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	☒ Change ☐ Addition
1.2 NAME	BERGER, DELVI	
1.3 STREET ADDRESS	2455 E. SUNRISE BLVD #300	
1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	BERGER, ALEXANDRE	
2.3 STREET ADDRESS	2455 E. SUNRISE BLVD #300	
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-96 Date
(954) 561-1900 Daytime Phone #

CR2E034 (12/95)