FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 22 AM 9:54

DOCUMENT # K61517 (4)

1. Corporation Name
SOFFER HOTEL GROUP, INC.

Principal Place of Business	Mailing Address
C/O TURNBERRY ASSOCIATES 19495 BISCAYNE BLVD., SUITE 400 NORTH MIAMI BEACH FL 33180	C/O TURNBERRY ASSOCIATES 19495 BISCAYNE BLVD., SUITE 400 NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/27/1989
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business
21 2875 N.E. 191ST St.
22 Suite, Apt. #, etc. 400
23 City & State: Aventura, FL
24 Zip: 33180 25 Country: Dade

2a. Mailing Address
26 2875 N.E. 191ST St
27 Suite, Apt. #, etc. 400
28 City & State: Aventura, FL
29 Zip: 33180 30 Country: Dade

4. FEI Number: 65-0108685 ☐ 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

9. Name and Address of Current Registered Agent

PARELLO, RAYMOND
19735 TURNBERRY WAY
NORTH MIAMI BEACH FL 33180

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	DP	11 TITLE	☑ Change ☐ Addition
NAME	SOFFER, DONALD M.	12 NAME	
STREET ADDRESS	19495 BISCAYNE BLVD.	13 STREET ADDRESS	2875 N.E. 191ST St. #400
CITY-ST-ZIP	NORTH MIAMI BEACH FL	14 CITY-ST-ZIP	Aventura, FL 33180
TITLE	TS	21 TITLE	☑ Change ☐ Addition
NAME	PARELLO, RAYMOND J.	22 NAME	
STREET ADDRESS	19495 BISCAYNE BLVD.	23 STREET ADDRESS	2875 N.E. 191ST St. #400
CITY-ST-ZIP	NORTH MIAMI BEACH FL	24 CITY-ST-ZIP	Aventura, FL 33180
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is 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 above, or on an attached sheet, with an address.

SIGNATURE: D. Soffer 2/14/95 305/937-6400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Phone Number

0107344 CP