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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K87662 (8)

1. Corporation Name
RITZ-PLAZA HOTEL CORP.

Principal Place of Business

% MANUEL LLERANDI
1701 COLLINS AVE.
MIAMI BEACH FL 33139

Mailing Address

% MANUEL LLERANDI
1701 COLLINS AVE.
MIAMI BEACH FL 33139-2006



3. Date Incorporated or Qualified
05/12/1989

3a. Date of Last Report
07/24/1996

2. Principal Place of Business

21 Ritz Plaza Hotel

22 Suite, Apt. #, etc.
1701 Collins Ave

23 City & State
Miami, Fla.

24 Zip
33139

25 Country
USA

2a. Mailing Address

26 Ritz Plaza Hotel

27 Suite, Apt. #, etc.
1701 Collins Ave.

28 City & State
Miami, Fla.

29 Zip
33139

30 Country
USA

4. FEI Number
65-0118631

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

STOFKA MARIA
RITZ PLAZA HOTEL
1701 COLLINS AVE.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

Javier Vila

82 Street Address (P.O. Box Number is Not Acceptable)

1701 Collins Avenue

83 City

Miami Beach

FL

85 Zip Code

33139

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/97

12. OFFICERS AND DIRECTORS

TITLE DEVP
NAME VILA, JAVIER
STREET ADDRESS 1707 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL

TITLE DST
NAME STOFKA, MARIA
STREET ADDRESS 1701 COLLINS AVE
CITY-ST-ZIP MIAMI BCH FL

TITLE DCP
NAME CONTRERAS, IGNACIO
STREET ADDRESS CC LIBERTADOR, PISO 3 TORRE N.O.
CITY-ST-ZIP CARACS VE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Javier Vila
1.3 STREET ADDRESS 1701 Collins Avenue
1.4 CITY-ST-ZIP Miami Beach, Fla. 33139

2.1 TITLE Chairman
2.2 NAME Ignacio Contreras
2.3 STREET ADDRESS 1701 Collins Ave.
2.4 CITY-ST-ZIP Miami Beach, Fla. 33139

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Javier Vila

Date

4/11/97

Daytime Phone #

(305) 534-3500

CR2E034 (9/96)