FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(5)

DIAMOND HOTEL DEVELOPMENT INC

DIAM	IONU HOTEL DEVELOPM	ENI, ING.					
Principal Place	of Business	Mailing Address				B HILIDO HALL WEBEL DAULL I	TIDAN ORBIN CHEM DIGIN 1000
C/O COLAN. BRUCE. JAY 701 BRICKELL AVENUE. #3000 MIAMI FL 33131-3209 US		C/O COLAN. BRUCE, JAY 701 BRICKELL AVENUE. #3000 MIAMI FL 33131-3209		Date Incorporated or Qualified			
		US	US				ast Report 10/1995
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number NOT APPLICABL	E	Applied For Not Applicable
Suite, Apt, #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Ζφ 24]	Country 25	Ζιρ 29	Cour	ntry	This corporation has liability for Florida Statutes	or intangible tax un	der s 199.032,
*	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New		nt
				81 Name		· -	
	STATE REGISTERED AGENT (RICKELL AVENUE	CORPORATION	ŀ	B2 Street	Address (P.O. Box Number is Not Accept	able)	
SUITE			ŀ	B3			
MIAMI	FL 33131			B4 City		e-a 8:	žip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607 1508. Florida Statu	tes the abou	e-named c	orporation submits this statement for the p	FL FL	
familiar with	ed agent or both, in the State of Fix h, and accept the obligations of, Se Signature, typed or printed name of registered ag	orida. Such change was authori- ection 607.0505, Florida Statute	zed by the ci s.	orporation's	o poration submits this statement for the psiboard of directors. I hereby accept the ap	pointment as regis	stered agent. I am
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		ECTOBS IN 12
TIFLE	D	☐ DELETE	1 1 11	LÉ		☐ Cri	
NAME	ABELA, JOSEPH		1.2 NA!	AE.		_	
STREET ADDRESS	7 AVE DE GRAND BRETA	IGNE	1.3 STR	EET ADDRESS			
C(1Y - S1 - Z(P	MC 98000 MONACO		1.4 DIT	r-ST-ZIP			
1:TLE	DPT	☐ DELETE	2.1 717	LE		☐ Ch	ange 🔲 Addition
NAME	HAIDART, ROGER		2 2 NA	đ <u>ě</u>			_
STREET ADDRESS	7 AVE DE GRAND BRETA	AGNE	2 3 STR	EET ADDRESS			
CITY-S1-ZIP	MC 98000 MONACO		2.4 CIT	/ - \$T - ZIP			
TITLE	\$	□ DELETE	3. 1 TIT	LE		☐ Ch	ange 🔲 Addition
NAME	HADDAD, RIAD		3.2 NAM	1E			
STREET ADDRESS	7 AVE DE GRAND BRETA	AGNE	3 3. STI	REET ADDRESS			
CITY - ST - ZIP	MC 98000 MONACO			-ST-ZIP			
TITLE	AS	☐ DELETE	. 4 1 TiT		AS	🖼 Ch	ange 🔲 Addition
NAME	COLAN, BRUCE JAY	ATE 444	4.2 NAM	1E	COLAN, BRUCE JAY		
STREET ADDRESS	701 BRICKELL AVENUE,	STE. 300	4.3 STR	EET ADDRESS	701 BRICKELL AVE.,	STE. 30	000
C-IY-SI-ZiP	MIAMI FL	C britis		-ST-ZiP	MIAMI, FL 33131		
TITLE		☐ DELÉTE	·5. 1 TO			☐ Ch	ange 🔲 Addition
NAME OTOTE L LEDOSCO			5.2 NAM				
STREET ADDRESS				EET ADDRESS	3000018	nakos	ş
CHY-ST-ZIP THILE		☐ DELETE		- ST- ZIP	-05/04/96 -01	005007.	
NAME			6. 1 TiT		***200.00	"Ch	ange [] Addition
STREET ADDRESS			6.2 NAN				
CITY - ST - ZIP				EET ADDRESS			
	certify that the information sponling	with this filing is voluntarily form	ished and d	-ST-ZIP Designations	I lift for the execution stated in Section 11	107(3)(b) Elovida (State too. I feether
certify that oath; that I appears in	the information indicated on this an am an officer or director of the cor Block 12 or Block 13 incharged, o	nual report or supplemental and poration or the deliver or truste you in attach or the an add	nual report is e empowere ress.	true and ac d to execu	alify for the exemption stated in Section 11scurate and that my signature shall have the this report as required by Chapter 607, F	e same legal effect Florida Statutes; ar	t as f made under not that my name

SIGNATURE:

NING OFFICER OR DIRECTOR

4/26/96 (305) 374-8500
Date Destine Prox +