SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 20 PM 10:59

DOCUMENT # **L67484** **(0)**

1. Corporation Name

MARINA PARK HOTEL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~1570 MADRUGA AVENUE, SUITE 216~~ ~~CORAL GABLES FL 33146~~	1570 MADRUGA AVENUE, SUITE 216 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1990
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business — 21: 340 Biscayne Blvd
2a. Mailing Address — 26: 1570 Madruga Av

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: 211

City & State — 23: Miami FL
City & State — 28: Coral Gables, FL

Zip — 24: 33132 — County — 25: DADE
Zip — 29: 33146 — County — 30: DADE

4. FEI Number: 22-3039780 ☐ 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

BARNS, PAUL D JR
1570 MADRUGA NE #211
COAL GABLES FL 33416

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 F		
TITLE	VP	1 1 TITLE		☐ Change ☐ Addition
NAME	LEHODEY, JOHN F.	1 2 NAME		
STREET ADDRESS	2 OVERHILL RD.	1 3 STREET ADDRESS		
CITY-ST-ZIP	SCARSDALE NY	1 4 CITY-ST-ZIP		
TITLE	T	2 1 TITLE		☐ Change ☐ Addition
NAME	SEBBAN, ARMAND	2 2 NAME		
STREET ADDRESS	12 RUE PORTALIS	2 3 STREET ADDRESS		
CITY-ST-ZIP	PARIS, FRANCE	2 4 CITY-ST-ZIP		
TITLE	AT	3 1 TITLE		☐ Change ☐ Addition
NAME	TASSIN, WILLIAM E.	3 2 NAME		
STREET ADDRESS	2 OVERHILL RD.	3 3 STREET ADDRESS		
CITY-ST-ZIP	SCARSDALE NY	3 4 CITY-ST-ZIP		
TITLE	SD	4 1 TITLE		☐ Change ☐ Addition
NAME	BARNS, PAUL D, JR	4 2 NAME		
STREET ADDRESS	1570 MADRUGA AVE #211	4 3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	4 4 CITY-ST-ZIP		
TITLE	P	5 1 TITLE		☐ Change ☐ Addition
NAME	BELLIN, JACQUES	5 2 NAME		
STREET ADDRESS	20 AVE CHARLES LINDBERGH	5 3 STREET ADDRESS		
CITY-ST-ZIP	PARIS FRANCE	5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Paul D Barns 6/5/95 305-666-6177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087487 CP