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

APPROVED AND FILED

95 APR 18 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M39732** **(6)**

1. Corporation Name

BAL HARBOUR REGENCY HOTEL CORP.

Principal Place of Business	Mailing Address
10101 COLLINS AVE BAL HARBOUR FL 33154-1608	10101 COLLINS AVE BAL HARBOUR FL 33154-1608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/08/1986**
3a. Date of Last Report: **05/09/1994**

2. Principal Place of Business
21 C/O BRANDT ORGANIZATION
22 Suite, Apt. #, etc. 370 LEXINGTON AVE
23 City & State: NY, NY
24 Zip: 10017
25 Country: USA

2a. Mailing Address
26 C/O BRANDT ORGANIZATION
27 Suite, Apt. #, etc. 370 LEXINGTON AVE
28 City & State: NY, NY
29 Zip: 10017
30 Country: USA

4. FEI Number: **59-2727402** ☐ 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

TRAYNOR, A. RODGER ESQ.
175 NW FIRST AVENUE, 11TH FLOOR
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name: TRAYNOR, A. RODGER, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 100 S.E. SECOND STREET
83: 17TH FLOOR
84 City: MIAMI FL 85 Zip Code: 33131

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE		☐ Change ☐ Addition
NAME	BRANDT, ROBERT	12 NAME		
STREET ADDRESS	370 LEXINGTON AVE., #905	13 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY 10017	14 CITY ST ZIP		
TITLE	DP	21 TITLE	DP	☒ Change ☐ Addition
NAME	SOMMER, VAN	22 NAME	SOMMER, VAN	
STREET ADDRESS	16 GRAND VIEW TERRACE	23 STREET ADDRESS	16 GRANDVIEW TERRACE	
CITY ST ZIP	TANAFLY NJ 07670	24 CITY ST ZIP	TENAFLY, NJ 07670	
TITLE	DVS	31 TITLE		☐ Change ☐ Addition
NAME	BRANDT, GARY	32 NAME		
STREET ADDRESS	370 LEXINGTON AVE. #905	33 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY 10017	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 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: ROBERT BRANDT 4/11/95 212-808-4466
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183883 CP