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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M60705

(4)

1. Corporation Name

NORTH BEACH HOTEL, INC.

FILED

95 FEB -7 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O CORPICO, INC.
18001 COLLINS AVE.
NO. MIAMI FL 33160

C/O CORPICO, INC.
18001 COLLINS AVE.
NO. MIAMI FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/13/1987

3a. Date of Last Report

08/26/1994

4. FEI Number

65-0029329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

20 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPICO, INC.
2699 S. BAYSHORE DR.
S-700A
MIAMI FL 33133

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

Signature, typed or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent signature required when mandatory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ANDREU, JOSEFINA
STREET ADDRESS 18001 COLLINS AVENUE
CITY-ST-ZIP N. MIAMI BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE P
NAME RIASCO, ALVARO
STREET ADDRESS 18001 COLLINS AVENUE
CITY-ST-ZIP N. MIAMI BEACH FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D
NAME SARMIENTO, GUILLERMO
STREET ADDRESS 18001 COLLINS AVENUE
CITY-ST-ZIP N. MIAMI BEACH FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SD
NAME RIASCOS, CARLOS
STREET ADDRESS 18001 COLLINS AVENUE
CITY-ST-ZIP N. MIAMI BEACH FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D
NAME LOPEZ, LUIS B
STREET ADDRESS 18001 COLLINS AVENUE
CITY-ST-ZIP N. MIAMI BEACH FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D
NAME MORALES, GERMAN
STREET ADDRESS 18001 COLLINS AVENUE
CITY-ST-ZIP N. MIAMI BEACH FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(b), 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 appointed 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

February 4/95 305-222-6000