SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **M60705** **(4)**

1. Corporation Name

NORTH BEACH HOTEL, INC.

Principal Place of Business
C/O CORPCO. INC.
18001 COLLINS AVE.
NO. MIAMI FL 33160

Mailing Address
C/O CORPCO. INC.
18001 COLLINS AVE.
NO. MIAMI FL 33160

3. Date Incorporated or Qualified: 10/13/1987
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0029329 — 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**

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

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: Signature of corporate officer or registered agent (if applicable) (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ANDREU, JOSEFINA	
STREET ADDRESS	18001 COLLINS AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	P	☐ DELETE
NAME	RIASCO, ALVARO	
STREET ADDRESS	18001 COLLINS AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	SARMIENTO, GUILLERMO	
STREET ADDRESS	18001 COLLINS AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	SD	☐ DELETE
NAME	RIASCOS, CARLOS	
STREET ADDRESS	18001 COLLINS AVENUE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	LOPEZ, LUIS B	
STREET ADDRESS	18001 COLLINS AVENUE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	MORALES, GERMAN	
STREET ADDRESS	18001 COLLINS AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: German Morales — June 8, 1996 — 305-932-1800
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)