FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33160-2722

3. Date Incorporated or Qualified: **10/13/1987**
3a. Date of Last Report: **08/14/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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: GERMAN MORALES JR.
82 Street Address (P.O. Box Number is Not Acceptable): 18001 Collins Ave.
83
84 City: North Miami Beach FL 85 Zip Code: 33160

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 that position as provided for in Section 607.0505, Florida Statutes.

SIGNATURE: German Morales (Required when mailed. If filed electronically, typed name is acceptable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDREU, JOSEFINA		1.2 NAME		
STREET ADDRESS	18001 COLLINS AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIASCO, ALVARO		2.2 NAME		
STREET ADDRESS	18001 COLLINS AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SARMIENTO, GUILLERMO		3.2 NAME		
STREET ADDRESS	18001 COLLINS AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIASCOS, CARLOS		4.2 NAME		
STREET ADDRESS	18001 COLLINS AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, LUIS B		5.2 NAME		
STREET ADDRESS	18001 COLLINS AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORALES, GERMAN		6.2 NAME		
STREET ADDRESS	18001 COLLINS AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

SIGNATURE: German Morales 1-29-97 305-932-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #