FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M93272

GOLD COAST MERRIMAC BEACH HOTEL, INC.

Principal Place of Business Mailing Address								(# 15#1 8181) #1	41611 61611	
551 NORTH ATLANTIC BLVD. 551 NORTH ATLANTIC BLVE FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304							DO NOT WIND	-c in Tuic	en er	
							DO NOT WRIT	E IN I I II	SPACE	
							3. Date Incorporated or Qualifed 08/09/1988	.,		
Principal Place of Business 2a. Mailing Address							4. FEI Number			oplied For
21 26							65-0077369			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired		• -	Additional equired
City & State City & State							6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	intry	1		8. This corporation owes the curre	ent year Inta		_
24	25	29	30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent		\sqsubseteq			10. Name and Address of New R	egistered /	Agent	
				81	Na	me				}
DALAL, ASHOK 1266 NW 119 ST				82	Str	eet Addre	ess (P.O. Box Number is Not Accepta	Not Acceptable)		
NORTH MIAMI BEACH FL 33167				83	ļ —					
				84 City				FL	85 Zip	Code
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was ations of, Section 607.0505, F	autnorizeo Florida Stat	a by tutes	tine o	corporation	oration submits this statement for the n's board of directors. I hereby accept	it the appoin	changing its	s registered egistered
	Signature, typed or printed name of registered age	<u>'''</u>	- i -	Agen	nt signa	ture required	when reinstating)	DATE	D DIDECT	DDC IN 12
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OF	-ICERS AN	Change	Addition
TITLE	D	☐ DELETE	1.1 TI						Oncorago	
NAME	MOTWANI, RAMOLA			1.2 NAME						1
STREET ADDRESS	551 NORTH ATLANTIC BLVD.		1.3 5			ESS				
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP		_			[] Change	Addition
TITLE		☐ DELETE		2.1 TITLE					[] Change	LI AGGIGGII
NAME			2.2 N	AME						1
STREET ADDRESS			2.3 S	TREE	TADDE	ESS				}
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TITLE	-	☐ DÉLETE	3.1 Ti	MLE		ĺ			Change	[_] Addition [
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CITY-ST-ZIP					ST-ZIP				[7.0h	- Addition
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NAME	r		5.2 N				•			
STREET ADDRESS					TADDE	RESS				}
CITY-ST-ZIP					T-ZIP			_		
TITLE		☐ DELETE	6.1 T	ITLE					Change	☐ Addition

14. I 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 if changed, or on an attraction with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

PRESIDENT

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90242 019 ***150.00