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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # N97000003887 (3)

1. Corporation Name
**SOUTH FLORIDA HOSPITALITY HUMAN RESOURCES ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4148 WEST 12TH AVENUE<br>HIALEAH FL 33012 | 4148 WEST 12TH AVENUE<br>HIALEAH FL 33012 |

3. Date Incorporated or Qualified: 07/07/1997

4. FEI Number: 65-0777315 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

**9. Name and Address of Current Registered Agent**

MELAND, MARK S
200 SOUTH BISCAYNE BOULEVARD
SUITE 2420
MIAMI FL 33131

**10. Name and Address of New Registered Agent**

81 Name: Lamont & Neiman, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): Suite 3550 - One Biscayne Tower
83: 2 South Biscayne Boulevard
84 City: Miami **FL** 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Robert S. Lamont, President — Robert S. Lamont, President — DATE: 3/10/1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | MONAGHAN, SIOBAHAN | | 1.2 NAME | Viviana Santisteban | |
| STREET ADDRESS | 350 OCEAN DRIVE | | 1.3 STREET ADDRESS | 350 Ocean Drive | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | | 1.4 CITY-ST-ZIP | Key Biscayne, FL 33149 | |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | NEIMAN, ROD | | 2.2 NAME | Lissette Asensio | |
| STREET ADDRESS | 400 S.E. 2ND AVENUE | | 2.3 STREET ADDRESS | 180 Aragon Avenue | |
| CITY-ST-ZIP | MIAMI FL 33131 | | 2.4 CITY-ST-ZIP | Coral Gables, FL 33134 | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HYMAN, FREYDA | | 3.2 NAME | | |
| STREET ADDRESS | 4148 WEST 12TH AVENUE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH FL 33012 | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MARGULIES, LYNN | | 4.2 NAME | | |
| STREET ADDRESS | 1 S.E. 3RD AVENUE #2300 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Lynn Margulies — 3/10/98 — (305)533-6644