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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200005454 (3)

WHITELAW HOTEL PROPERTIES, INC.

Principal Plac	e of Business	Mailing A	Mailing Address				I JOBNIDE IN INITED IN STATE	TOILI DE LI TER	AT BEILL BIBBI BILIT	
BOB COLLINS A MIAMI BEACH			808 COLLINS AVE MIAMI BEACH FL 33139-5808							
							3. Date Incorporated or Qualifie 11/18/1992		Date of Last Re 5/14/1996	eport
F :	lace of Business	2a. Mailing Address					4, FEI Number			pplied For
Suite, Apt.	# ata	26 Cuite	Suite, Apt #, etc.				65-0374475			of Applicable
22		27	27				5. Certificate of Status Desired		\$8.75 A	
City & Stat	e	28 City 8	City & State			Election Campaign Financing Trust Fund Contribution	, 🗆	\$5.00 Added t		
Zip	Zip Country		Zip Coi		intry		8. This corporation has liability			199.032
24	25	29		30			Florida Statutes	Yes		
	9, Name and Address of Curre	nt Registered	Agent		81	Name	10. Name and Address of New	Registered	d Agent	
ROSENSTEIN, MARY 808 COLLINS AVE					Ш					
	MI BEACH FL 33139		82 Street A			Street Ac	ldress (P.O. Box Number is Not Accep	otable)		
NAV.	MI DENOTT E 00 103				83					
					84	City		F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.150	8, Florida Stat	utes, the a	DOVE	e-named co	orporation submits this statement for the ration's board of directors. Thereby ac			s registered
office or r	registered agent, or both, in the State om familiar with⊿and accept the oblig	e of Florida, Suc galions of, Secti	ch change was on 607.0505, f	s authorize Florida Sta	d by tutes	the corpo 3.	ration's board of directors. I hereby a	cept the ar	pointment as	registered
SIGNATURE	William fin	gar Ato	- 4. 4s							
SIGNATURE	Signature, typod or printed name of registured ag	ent and title if applica	able (NO	OTE: Registere	d Age	nt signature re	quired when reinstating)	DATE		
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO O	FICERS AN		
TITLE	COB	DELETE		1,1 T	1.1 TITLE				Change	Addition
NAME	COPA, CHANA			1.2 N	AME	1				
STREET ADDRESS	808 COLLINS AVE			1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139				ITY-S	T-ZIP				T-1 11 11 11 11 11 11 11 11 11 11 11 11 1
TITLE	VS		DELETE	2.1 1	TLE				Change	Addition
NAME	COPA, SERGIO			2 2 N			•			
STREET ADDRESS	808 COLLINS AVE			2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139		Deverse		_	ST - ZIP				
TITLE	POCCHETCIN MADY		L DELETE	3.1 Ti					L Change	Addition
NAME	ROSENSTEIN, MARY 808 COLLINS AVE			3.2 N						
STREET ADDRESS	MIAMI BEACH FL 33139			1		ADDRESS				ļ
CITY-ST-ZIP	D DEACH FL 33138		DELETE			ST-ZIP			Channe	Addition
THTLE	ROSENSTEIN, MARY		[] OECEIE	4.1 10					Change	Addition
NAME	808 COLLINS AVE				IAME					ļ
STREET ADDRESS	MIAMI BEACH FL 33139					ADDRESS				
CITY - ST - ZIP	MIXMI DEACH PE 33138		DELETE			T-ZIP			Change	Addition
TITLE			L_1 DELETE	5.1 T					Cuante	MUDICION
NAME				52 N		1000000				ļ
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP			Deteste			IT - ZIP			Change	Addition
TITLE	1		☐ DELETE	61 T					Change	- Application
NAME	Į.			6.2 N						
STREET ADDRESS				6.3 S	IREET	ADDRESS				

6.4 CITY - ST - ZIP 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 if changed, or on an attachment with an address.