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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000005454 (3)

WHITELAW HOTEL PROPERTIES, INC.

## **FILED** Jan 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address **808 COLLINS AVE 808 COLLINS AVE** MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1992 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For Not Applicable 21 26 65-0374475 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 26 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROSENSTEIN, MARY **808 COLLINS AVE** 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOT). Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE COB 1.1 TITLE Change Addition | NAME COPA, CHANA 1.2 NAME **808 COLLINS AVE** 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE COPA, SERGIO NAME 2.2 NAME **808 COLLINS AVE** 2.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TOTLE NAME ROSENSTEIN, MARY 3.2 NAME STREET ADDRESS **808 COLLINS AVE** 3.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE ROSENSTEIN, MARY NAME 4. 2 NAME **808 COLLINS AVE** 4.3 STREE1 ADDRESS STREET ADORESS MIAMI BEACH FL 33139 CITY-ST-ZIF 4.4 CITY - ST- ZIP DELETE Change noilibhA TITLE 5.1 TOLE NÁME 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-76

14. Thereby 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.

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