FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000005768 (6)**

1. Corporation Name

B. & L. HOTEL CORP.

Principal Place of Business	Mailing Address
DAYS INN OCEANFRONT 4240 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308	~~DAYS INN OCEANFRONT~~ ~~4240 GALT OCEAN DRIVE~~ ~~FT. LAUDERDALE FL 33308~~ c/o LERMAN

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1992	3a. Date of Last Report: 03/14/1994
4. FEI Number: 65-0370256	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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business		2a. Mailing Address	
21		26	48 E. Flagler St
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	(PH 101)
City & State		City & State	
23		28	Miami FL
Zip	Country	Zip	Country
24	25	29 33131	30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LERMAN, JORGE 48 E FLAGLER ST (PH 101) MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
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	11 TITLE		☐ Change ☐ Addition
NAME	BERGER, HARRY	12 NAME		
STREET ADDRESS	4240 GALT OCEAN DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE		☒ Change ☐ Addition
NAME	BRZYSKE, ARON	22 NAME	Brzyski, Aron	
STREET ADDRESS	4240 GALT OCEAN DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE		☒ Change ☐ Addition
NAME	BERGER, JOSEPH	32 NAME	Berger, Josef	
STREET ADDRESS	4240 GALT OCEAN DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	LERMAN, JORGE	42 NAME		
STREET ADDRESS	48 E FLAGLER ST (PH 101)	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	LERMAN, ISIDORO	52 NAME		
STREET ADDRESS	48 E FLAGLER ST (PH 101)	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☒ Addition
NAME		62 NAME	Brzyski, Janet	
STREET ADDRESS		63 STREET ADDRESS	VP	
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Sandra 4/28/95 305-372-6541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0213060 CP