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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jan 16 1997 8:00am

Secretary of State

305, 250.006/

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P93000015426 (8)

SOBE CABANA INC.					88)31 (188) 8:0)(8:4); 10:08 8:11 (00:0
Principal Place of Business	Mailing ,				
5925 N. BAY RD. 5925 N. BAY RD. MIAMI BEACH FL 33140-2 US US					
				3. Date Incorporated or Qualified 03/01/1993	3a. Date of Last Report 01/23/1996
2. Principal Place of Business	2a. Madu 26	ng Address	, , , , , , , , , , , , , , , , , , , ,	4, FEI Number 65-0390085	Applied For Not Applicable
Suite, Apt *, etc	Suite 27	, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City 8	& State		8. Election Campaign Financing	\$5.00 May Be
Zιρ C-	ountry Zip		Country	Trust Fund Contribution 8. This corporation has liability for i	ntangible tax under s. 199.032,
24 25 25 Name and A	29 ddress of Current Registered	Agent 3	0]	Florida Statutes L. 10. Name and Address of New Re	Yes No
HIGGINS, CHARLES			81 Name	1	Jistereu Agent
5925 N BAX RD	rs vis			ies J. IYPR	eu
MIANH BEACH PL-33140			82 Street Addr	ess (P.O. Box Number is Not Acceptab	
			83	4	
			84 City	ami eta	BE 7in Code
			- 7		FL 53740
 Pursuant to the provisions of office or registered against, or agent. I am familiar with, and 	Sections 607.0502 and 607.150 both, in the State of Florida State of Florida State of Sections of Sect	08, Florida Statutes, ch change was aut ion 607.0505, Flori	the above-named corp horized by the corporation of	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered It the appointment as registered
SIGNATURE Signatur typed or prof	of name of expetitived agent and the pro-	m	Registered Agent signature require	ES J TYPRELL	1/9/97
12.	OFFICERS AND DIRECTORS	;	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE		DELETE	1.1 TITLE		Change Addition
NAME TYRRELL, JAM			1.2 NAME		
STREET ADDRESS 5925 N. BAY R			1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI BCH. FL	•	C occess	1.4 CITY - ST - ZIP		
TITLE		L DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-7IP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		occen	3.2 NAME		Change C Augston
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-ZiP			3.4. CITY-SI-ZIP		
TITLE		DELETE	4.1 TITLE	**************************************	☐ Change ☐ Addition
NAME			4. 2 NAME		<u> </u>
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		•
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-2IP			5.4 CITY-ST-ZIP	****	
TITLE		L DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
Intermation indicated on this Lam an officer or director of a	annual report or supplemental a	innual report is true ir trustee emeriwer	e and accurate and that and to execute this report	in Section 119.07(3)(i). Florida Statutes my signature shall have the same legal t as required by Chapter 607, Florida St	offert as if made under noth the