

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

**FILED**  
**Jun 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # P93000027921 (4)**  
 4. Corporation Name  
**PARAMOUNT AND SAVOY HOTELS (FLORIDA), INC.**



Principal Place of Business Mailing Address  
**455 OCEAN DRIVE MIAMI BEACH FL 33139 US**  
**P.O. BOX 530765 MIAMI FL 33153-0765**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 502 NE 106 ST**  
 Suite, Apt. #, etc  
**22 MIAMI SHORES, FL**  
 City & State  
**23 33138** **25 USA**  
 Zip Country  
**24 33138** **29 USA**  
 Zip Country

3. Date Incorporated or Qualified  
**04/15/1993**  
 4. FEI Number **65-0419383**  
 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**DORN, MICHAEL C**  
**455 OCEAN DR**  
**MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent  
**81 Name MICHAEL C. DORN**  
**82 Street Address (P.O. Box Number is Not Acceptable) 502 NE 106 ST**  
**84 City MIAMI SHORES FL 85 Zip Code 33138**

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 Michael C. Dorn DATE **4/28/98**

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	GULER, CHRISTIAN	
STREET ADDRESS	455 OCEAN DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	STV	<input type="checkbox"/> DELETE
NAME	DORN, MICHAEL C	
STREET ADDRESS	455 OCEAN DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRLIN, SKJELL	
STREET ADDRESS	455 OCEAN DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AGNOLI, MARK	
STREET ADDRESS	455 OCEAN DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	N/A
1.3 STREET ADDRESS	P.O. Box 530765
1.4 CITY-ST-ZIP	MIAMI FL 33153-0765
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	502 NE 106 ST
2.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HERRLIN, KJELL
3.3 STREET ADDRESS	P.O. Box 530765
3.4 CITY-ST-ZIP	MIAMI FL 33153-0765
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	P.O. Box 530765
4.4 CITY-ST-ZIP	MIAMI FL 33153-0765
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	65000027921045.0
6.3 STREET ADDRESS	06/24/98 01005-025
6.4 CITY-ST-ZIP	***150.00

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

SIGNATURE: Michael C. Dorn DATE: **4/28/98** (306) **469-5787**  
**758-4488**

CR2E034 (10/97)