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 APR 20 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000004084 (7)**

1. Corporation Name
OCEAN PAVILION HOTEL, INC.

Principal Place of Business	Mailing Address
999 WASHINGTON AVENUE MIAMI BEACH FL 33139	999 WASHINGTON AVENUE MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0461153 ☐ 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

7. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH STREET
FORT LAUDERDALE FL 33132

10. Name and Address of New Registered Agent

91 Name: Abraham A. Galbut
92 Street Address (P.O. Box Number is Not Acceptable): 999 Washington Ave
93:
94 City: Miami Beach FL 95 Zip Code: 33139

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] 4/13/95
(Signature of typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KAHN, SONNY	12 NAME	
STREET ADDRESS	999 WASHINGTON AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GALBUT, RUSSELL	22 NAME	
STREET ADDRESS	999 WASHINGTON AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME	SHLOMO DACHOH	32 NAME	
STREET ADDRESS	999 WASHINGTON AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, 33139	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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)(k), 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: [signature] SHLOMO DACHOH 4-3-95 305-374-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0148191 CP