1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000044187

1. Corporation Name

TRUPIC	CAY MERRIMAC BEACH HO	OTEL	INC.				
Principal Place	e of Business	M	ailing Address			( )00()00) )10 (01() 610() 00() 00() 00() 00() 010() 010() 010() 010()	•••
551 NORTH ATLANTIC BLVD. 551 NO			NORTH ATLANTIC BLVD. LAUDERDALE FL 33304	IORTH ATLANTIC BLVD.		DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualifed 06/14/1994	
			AA-St A dalaa			4. FEI Number Applied For	
2. Principal Pi	lace of Business	2a.	Mailing Address			65-0499120 Not Applica	_
21		26	Suite, Apt. #, etc.			\$8.75 Additional	_
Suite, Apt.	#, etc.	Ь	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	'
22		27	City & Ctata		<del></del> .		
City & State	е	28	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip	Country	$\top$	Zip	Countr	у	8. This corporation owes the current year Intangible	
24	25	29	30	0		Personal Property Tax. Yes No	
	9. Name and Address of Curren	t Regis	tered Agent			10. Name and Address of New Registered Agent	
				8	1 Name	•	
ashok, dalal a				8	Street Addr	ress (P.O. Box Number is Not Acceptable)	$\neg \uparrow$
1266 N E 167TH ST					Sireer Addi	1000 (1 . O. DOK (1011) DO (101 / 1015)	
NORTH MIAMI FL 33167				8	3		1
				8	4 City	85 Zip Code	
						FL   S   Z   D   G   C   C   C   C   C   C   C   C   C	
11 Pursuant	to the provisions of Sections 607,050	2 and 6	O7 1509 Florida Statutos	the sho	ve-named com	poration submits this statement for the purpose of changing its registered	30
office or r	edistered agent or both in the State.	OI HIOIK	da. Such chande was auti	nonzea o	y the corporation	on's board of directors. I hereby accept the appointment as registered	
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Fiori	da. Such change was aut , Section 607.0505, Florid	nonzed b la Statute	y the corporations.	ons board of directors. Thereby accept the appointment do registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obligation of the state	of Fiori	oa. Such change was autr , Section 607.0505, Florid if applicable (NOTE: Ri	norized b la Statute	y the corporation	ed when reinstating)  DATE	
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CITY-ST-ZIP 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 accurate with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90242 020 \*\*\*150.00

Addition

Change