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May 28 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 # P95000004718 (9)

1. Corporation Name
THE BREAKWATER HOTEL, INC.

Principal Place of Business	Mailing Address
940 OCEAN DRIVE MIAMI BEACH FL 33139	940 OCEAN DRIVE MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1995

4. FEI Number: ~~APPLIED FOR~~ Applied for ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AOUATE, MICHEL
940 OCEAN DRIVE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AOUATE, MICHEL		1.2 NAME		
STREET ADDRESS	C/O 940 OCEAN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MIMOUN, JONAS		2.2 NAME		
STREET ADDRESS	C/O 940 OCEAN DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
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-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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***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: [signature] MICHEL AOUATE 3/30/98 (305) 532 1200

CR2E034 (10/97)

Pg 2 of 2

Form **SS-4** (Rev. December 1995)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
THE BREAKWATER HOTEL INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
940 OCEAN DRIVE

4b City, state, and ZIP code
MIAMI BEACH, FL 33139

5a Business address (if different from address on lines 4a and 4b)

5b City, state, and ZIP code

6 County and state where principal business is located
DADE - FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor - SSN required (See instructions.) ▶
MICHEL AOUATE, 589-27-8619

8a Type of entity (Check only one box.) (See instructions.)

- [ ] Sole Proprietor (SSN) _____
- [ ] Partnership
- [ ] REMIC
- [ ] State/local government
- [ ] Other nonprofit organization (specify) ▶ _____
- [ ] Other (specify) ▶
- [ ] Personal service corp.
- [ ] Limited liability co.
- [ ] National Guard
- [ ] Estate (SSN of decedent) _____
- [ ] Plan administrator - SSN _____
- [X] Other corporation (specify) ▶ PROFIT
- [ ] Trust
- [ ] Federal Government/military
- [ ] Farmers' cooperative
- [ ] Church or church-controlled organization

(enter GEN if applicable) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State: FLORIDA

Foreign country

9 Reason for applying (Check only one box.)

- [X] Started new business (specify) ▶ HOTEL
- [ ] Hired employees
- [ ] Created a pension plan (specify type) ▶
- [ ] Banking purpose (specify) ▶
- [ ] Changed type of organization (specify) ▶
- [ ] Purchased going business
- [ ] Created a trust (specify) ▶
- [ ] Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
1/19/95

11 Closing month of accounting year (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-.* (See instructions.) ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ HOTEL

15 Is the principal business activity manufacturing? [ ] Yes [X] No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
[ ] Business (wholesale) [ ] Public (retail) [ ] Other (specify) ▶ [X] N/A

17a Has the applicant ever applied for an identification number for this or any other business? [ ] Yes [X] No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
305-532-1220

Fax telephone number (include area code)
954-453-1118

Name and title (Please type or print clearly.) ▶ MICHEL AOUATE - PRESIDENT

Signature ▶ [signature]

Date ▶ 4/14/98

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying