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Jun 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000087071 (3)

1. Corporation Name
REBELI HOTEL MANAGEMENT CORP.

Principal Place of Business
8501 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32127

Mailing Address
19370 COLLINS AVENUE
APT 1116-C
NORTH MIAMI BEACH FL 33160-2240



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 19052 NE 29th AVE

22 City & State

27 City & State
Aventura FL

23 Zip Country

28 Zip Country
33180 USA

3. Date Incorporated or Qualified
11/14/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0622229

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERT, ROGER S
241 SEVILLA AVENUE
SUITE 805
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Ilene Robert
82 Street Address (P.O. Box Number is Not Acceptable)
19052 NE 29th AVE
83
84 City Aventura FL 85 Zip Code 33180

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

4/14/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	KATZ, JOYCE	19370 COLLINS AVENUE, APT 116-C	NORTH MIAMI BEACH FL 33160	<input checked="" type="checkbox"/>
V	KATZ, DAVID D	19370 COLLINS AVENUE, APT 116-C	NORTH MIAMI BEACH FL 33160	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	Katz, David	19052 NE 29th AVE	Aventura, FL 33180	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
V	Katz, Joyce	19052 NE 29th AVE	Aventura, FL 33180	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
V	Robert, Ilene	19052 NE 29th AVE	Aventura, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502, 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: Ilene Robert Ilene Robert

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