

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90001 023 \*\*\*150.00

DOCUMENT # P95000087071

1. Corporation Name  
REBELI HOTEL MANAGEMENT CORP.



Principal Place of Business  
3501 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32127

Mailing Address  
17201 COLLINS AVENUE  
SUNNY ISLES FL 33160  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4101 N. Andrews Ave.

2a. Mailing Address

26 4101 N. Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 114

27 Suite 114

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip

Country

Zip

Country

24 33309

25

29 33309

30

9. Name and Address of Current Registered Agent

KATZ, DAVID  
17201 COLLINS AVENUE  
SUNNY ISLES FL 33160

3. Date Incorporated or Qualified

11/14/1995

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 owes the current year Intangible

Personal Property Tax. ☐

Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Katz, David

82 Street Address (P.O. Box Number is Not Acceptable)

4101 N. Andrews Ave

83 Suite, Apt. #, etc.

Suite 114

84 City

Ft. Lauderdale

FL

85 Zip Code

33309

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME KATZ, JOYCE  
STREET ADDRESS 19052 NE 29TH AVE.  
CITY-ST-ZIP AVENTURA FL 33180

TITLE P ☐ DELETE

NAME KATZ, DAVID  
STREET ADDRESS 19052 NE 29TH AVE.  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Katz, Joyce  
1.3 STREET ADDRESS 4101 N. Andrews Ave, Suite 114  
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME P.T.S.  
2.3 STREET ADDRESS Katz, David  
2.4 CITY-ST-ZIP 4101 N. Andrews Ave, Suite 114  
Ft. Lauderdale FL 33309

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 954630-1841

Date

Daytime Phone #

CR2E034 (11/98)

0573983