

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

FILED
Jul 08 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 # P95000087077 (0)

1. Corporation Name

LIZBEC HOTEL MANAGEMENT CORP.

Principal Place of Business

Mailing Address

1111 COLLINS AVE.
MIAMI BEACH FL 33139

19052 NE 29TH AVE.
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1995

4. FEI Number

65-0620906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 17201 Collins Ave

26 17201 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sunny Isles, FL

28 Sunny Isles, FL

Zip

Zip

Country

Country

24 33160

25 USA

29 33160

30 USA

9. Name and Address of Current Registered Agent

ROBERT, ILENE
19052 NE 129TH AVE.
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

DAVID KATZ

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

17201 Collins Ave

83

84 City

Sunny Isles

FL

85 Zip Code

33160

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, if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

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

TITLE V ☐ DELETE

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

TITLE V ☒ DELETE

NAME ROBERT, ILENE
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.T.S. ☐ Change ☒ Addition

1.2 NAME David D. Katz
1.3 STREET ADDRESS 19052 NE 29th Ave
1.4 CITY-ST-ZIP Aventura, FL 33180

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 700002562367
6.3 STREET ADDRESS -06/17/98--01018--030
6.4 CITY-ST-ZIP ***635.00

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

DAVID D KATZ

7/1/98

954 6304441

CR2E034 (10/97)