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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 # P96000012759 (2)

1. Corporation Name

OAK FOREST HOTELS, INC.



Principal Place of Business

Mailing Address

19052 NE 29TH AVE
AVENTURA FL 33180
US

19052 NE 29TH AVE
AVENTURA FL 33180
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 17201 Collins Avenue

Suite, Apt. #, etc.

22 City & State

23 Sunny Isles, FL

Zip

Country

24 33160

25

USA

2a. Mailing Address

26 17201 Collins Ave

Suite, Apt. #, etc.

27 City & State

28 Sunny Isles, FL

Zip

Country

29 33160

30

USA

8. Name and Address of Current Registered Agent

KOBERT, ILENE
19052 NE 29TH 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 Avenue

83 Sunny Isles

84 City

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

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

TITLE P ☐ DELETE

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

TITLE VO ☒ DELETE

NAME KOBERT, ILENE
STREET ADDRESS 19052 NE 29TH AVE
CITY-ST-ZIP AVENTURA FL

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6000002562366

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***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 [Signature]

[Signature]

CR2E034 (10/97)