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Jun 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000039704 (7)

1. Corporation Name
REEF HOTEL MANAGEMENT CORP.

Principal Place of Business
18052 N.E. 29TH AVE.
AVENTURA FL 33180

Mailing Address
18052 N.E. 29TH AVE.
AVENTURA FL 33180-2802



3. Date Incorporated or Qualified
05/08/1996

3a. Date of Last Report

4. FEI Number
69-2377639

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

2. Principal Place of Business
21 935 SO. ATLANTIC AVE
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

City & State
23 Daytona Beach, FL

City & State

Zip
24 32118

Country
25 USA

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOBERT, ROGER S
241 SEVILLA AVE.
SUITE 805
CORAL GABLES FL FL331-3405

81 Name Kobert, Ilene
82 Street Address (P.O. Box Number is Not Acceptable)
83 19052 NE 29th Ave
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 Walter Collet
Signature, typed or printed name of registered agent and title if applicable

Ilene Kobert
(NOTE: Registered Agent signature required when reinstating)

4/14/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KATZ, ROGER S
STREET ADDRESS 241 SEVILLA AVE. SUITE 805
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ DELETE

1.1 TITLE P
1.2 NAME Katz, David
1.3 STREET ADDRESS 19052 NE 29th Ave
1.4 CITY-ST-ZIP Aventura FL 33180 ☐ Change ☒ Addition

TITLE D
NAME KATZ, DAVID D
STREET ADDRESS 19370 COLLINS AVE. APT. 1118-C
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ DELETE

2.1 TITLE U
2.2 NAME Katz, Joyce
2.3 STREET ADDRESS 19052 NE 29th Ave
2.4 CITY-ST-ZIP Aventura FL 33180 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE U
3.2 NAME Kobert, Ilene
3.3 STREET ADDRESS 19052 NE 29th Ave
3.4 CITY-ST-ZIP Aventura FL 33180 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 Walter Collet Ilene Kobert 4/14/97 33180

CR2E034 (9/96)