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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 # P96000044191 (0)

1. Corporation Name
D.I. HOTEL MANAGEMENT CORP.

Principal Place of Business
19052 N.E. 29TH AVENUE
AVENTURA FL 33180

Mailing Address
19052 N.E. 29TH AVENUE
AVENTURA FL 33180-2802



2. Principal Place of Business
21 17201 Collins Ave
Suite, Apt. #, etc.

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

22 City & State
23 Sunny Isles, FL
Zip Country
24 33160 25 USA

27 City & State
28 Zip Country
29 33180 30 USA

3. Date Incorporated or Qualified
05/23/1996

3a. Date of Last Report

4. FEI Number
65-0667250 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

KOBERT, ROGER S
241 SEVILLA AVE.
SUITE 805
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Kobert, Ilene
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 Kobert
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

TITLE	D	DELETE
NAME	KATZ, JOYCE	
STREET ADDRESS	19370 COLLINS AVE. APT. 1116-C	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	D	DELETE
NAME	KATZ, DAVID D	
STREET ADDRESS	19370 COLLINS AVE. APT. 1116-C	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
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

11 TITLE	P	Change	Addition
12 NAME	Katz, David		
13 STREET ADDRESS	19052 NE 29th AVE		
14 CITY-ST-ZIP	Aventura, FL 33180		
21 TITLE	V	Change	Addition
22 NAME	Katz, Joyce		
23 STREET ADDRESS	19052 NE 29th AVE		
24 CITY-ST-ZIP	Aventura, FL 33180		
31 TITLE	V	Change	Addition
32 NAME	Kobert, Ilene		
33 STREET ADDRESS	19052 NE 29th AVE		
34 CITY-ST-ZIP	Aventura, FL 33180		
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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 Ilene Kobert Ilene Kobert 4/14/97 205-035-0111

CR2E034 (9/96)