

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 90023 026 ***150.00

DOCUMENT # P96000044191

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

Principal Place of Business
17201 COLLINS AVE.
SUNNY ISLES FL 33160

Mailing Address
19052 NE 29TH AVE.
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1996

4. FEI Number

65-0667250

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4101 N. Andrews Ave.

Suite, Apt. #, etc.

22 Suite 114

City & State

23 Ft. Lauderdale FL

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 4101 N. Andrews Ave.

Suite, Apt. #, etc.

27 Suite 114

City & State

28 Ft. Lauderdale FL

Zip

29 33309

Country

30 USA

9. Name and Address of Current Registered Agent

DAVID D KATZ
17201 COLLINS AVE.
SUNNY ISLES FL 33160

10. Name and Address of New Registered Agent

81 Name

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

4101 N. Andrews Ave, Suite 114

83

84 City

FT. LAUDERDALE

85 Zip Code

FL 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 of person named as registered agent and fill in if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KATZ, JOYCE
STREET ADDRESS 17201 COLLINS AVE.
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ☐ DELETE

NAME KATZ, DAVID
STREET ADDRESS 17201 COLLINS AVE.
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

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NAME ☐ DELETE

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 PTS
2.3 STREET ADDRESS David Katz
2.4 CITY-ST-ZIP 4101 N Andrews Ave, Suite 114
FT. Lauderdale, FL 33309

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

954 630-1441
Daytime Phone #

CR2E034 (11/98)

0260739