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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

P96000047301 (2)

TROPICAL OASIS ON THE BEACH, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	nling Address		
4000 HOLLYWOOD BLVD. SUITE 350 NORTH TOWER HOLLYWOOD FL 33021		SUITE 350 NORTH TO	4000 HOLLYWOOD BLVD. SUITE 350 NORTH TOWER		
HOLLTWOOD PL 33021		HOLLYWOOD FL 3303	HOLLYWOOD FL 33021		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
9 Principal D	loop of Ducinous	To Martin Addition			06/04/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
Suite, Apt. #, etc.		26			65-0675945 Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & State		City & State	City & State		Fee Required
23		 	 1 '		6. Election Campaign Financing \$5.00 May Be
Zip Country		7(r)	Zip Country		Trust Fund Contribution
24	25	29	30	' y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
	9. Name and Address of C				10. Name and Address of New Registered Agent
FF	INBERG, JEFFREY		8	1 Name	
4000 HOLLYWOOD BLVD.			Ĺ		
	ITIE 350		82 Street Ad		et Address (P.O. Box Number is Not Acceptable)
	XLLYWOOD FL 33021		63		
***	DEET 1100D 1 E 33021		۱	1	
			6	4 City	85 Zip Code
44 Durement	to the provinces of Costions CO	7 0(00 and C07 4500 Florida Cta		1	FL 60 25 COO
Onice or r	egiste reg agent, or both, in the :	State of Florida. Such ch ange w a	as authorized t	ny the cor	d corporation submits this statement for the purpose of changing its registered progration'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 Statules.					
SIGNATURE		,			
12.	Signature, typed or printed name of register Of EXCLOS	S AND DIRECTORS	NOTE: Registered A	gent signaturi	re required when reinstating) DATE ADDITIONS (CHANGES TO OFFICERS AND DIPPOTORS AND D
TITLE	Orrestric	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	HO-YEN, HYSCINTH	Decrie	1.2 NAME		L Change L Addition
STREET ADDRESS	6771 AZALEA DRIVE		B		
	MIAMI EL 32022			T ADDRESS	
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY DELETE 2.1 TITLE		Proci do set
NAME	HO-YEN, WILBERT	L Dittell			President Wilbert Prohange Addition
· · ·	6771 AZALEA DRIVE		22 NAME 23 STREET ADDRESS		
STREET ADDRESS	MIAMI FL 33023				
CITY-ST-ZIP	MINNI I C COOZO	DELETE	2. 4 CITY	- ST - ZIP	
!	L DELETE		3.1 TITLE		A secretary Change Addition
NAME			3.2 NAME		marie Escottery
STREET ADDRESS				T ADDRESS	6771 Azalea Dr.
CITY-ST-ZIP		Deter	3.4. CITY	-\$1-ZIP	Miramar, 71.3302
TITLE	`	DELETE	4.1 TITLE		Change Addition
NAME	\		4. 2 NAM		
STREET ADDRESS			4.3 STREE	I ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST - ZIP	
TITLE		DELETE	5.1 TITLE] Change] Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREE	t addr e ss	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	1 Address	
CITY-ST-ZIP			6.4 CITY	S1-ZIP	
	artifu that the information countie	and with their different places, and accepts.			

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 eath; 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 anyaddress.