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FILED

Mar 20 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 # P96000054949 (8)

1. Corporation Name

SOUTH BEACH INVESTMENT, INC.



Principal Place of Business

Mailing Address

1060 OCEAN DRIVE
SUITE 4406
MIAMI BEACH FL 33139

1060 OCEAN DRIVE
SUITE 4406
MIAMI BEACH FL 33139-5014

3. Date Incorporated or Qualified

06/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

74-2792734

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

10. Name and Address of New Registered Agent

JAMIL, SHARONE
1060 OCEAN DRIVE
SUITE 4406
MIAMI BEACH FL 33139

81 Name

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

83

84 City

FL

85 Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME
JAMIL, SHARONE
STREET ADDRESS
1060 OCEAN DRIVE STE 4406
CITY-ST-ZIP
MIAMI BEACH FL 33139

12 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

15 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

16 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

17 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

18 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

19 TITLE ☐ DELETE

NAME

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

Date

(305) 673-8281

Daytime Phone #

0101293

CR2E034 (9/96)