## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000073452 (0) EDISON HOTEL MANAGEMENT, INC. Principal Place of Business Mailing Address 900 BAY DRIVE #L-9 900 BAY DRIVE #L-9 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1996 2a. Mailing Address 4. FEI Number Applied For 65-0698251 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible USA Yes □ No 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KLEIN, THEODORE J ESQ 16855 N.E. 2 AVENUE #301 82 NORTH MIAMI BEACH FL 33162 84 City 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 life if applicable gistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE BERSON, JUDITH NAME 1.2 NAME Steven Zvi Levinson 900 BAY DRIVE, L-9 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL iomi Beach, Fz 33141 CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME Judiths. Berson STREET ADDRESS 2.3 STREET ADDRESS 900 Ba 2. 4 CITY-ST-ZIP CITY - ST - ZIP DFLETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-719 Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP

DELETE

6.1 TELE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 peport 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

CR2E034

☐ Change

Addition