Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90115 033 ***158.75

DOCUMENT # P9700062348 1. Corporation Name

Country

25

CARIBBEAN OCEAN HOTEL CORPORATION

Principal Place of Business

2. Principal Place of Business

3737 COLLINS AVENUE

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

3737 COLLINS AVENUE

Mailing Address

MIAMI BEACH FL 33140

MIAMI BEACH FL 33140

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

07/18/1997 4. FEI Number 6

Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
|--|---|-------------------|----------------|--|--|-----------------------|-------------------------------|---------|
| | | _ | 81 | Name | | | | |
| CUEVAS, ANDREW ESQ 9200 S DADELAND BLVD SUITE 603 | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | On our Address (1 .O. Dox Adminor is Not Adoophable) | | | | |
| MIAI | MI FL 33156 | | 83 | - | | | | |
| | | | 84 | Oit. | | Toel - | Zip Code | - |
| | | | 84 | City | FL | _ 85 Z | Th Code | |
| office or r | to the provisions of Sections 607,0502 and 607,150 egistered agent, or both, in the State of Florida. Suc m familiar with, and accept the obligations of, Section | h change was auth | norized by | the corpo | corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoi | changing ntment as | its registere s registered | ed |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicab | le (NOTE R | noistered Ager | t signature n | required when reinstating) DATE | | | . [|
| 12. | OFFICERS AND DIRECTOR: | · | 13. | N Signature I | ADDITIONS/CHANGES TO OFFICERS AN | 1D DIREC | TORS IN 12 | 2 |
| TITLE | DPVS | ☐ DELETE | 1.1 TITLE | | | ☐ Chan | nge 🔲 Add | dition |
| NAME | VIGNATI, ORLANDO | | 1.2 NAME | | | | | ĺ |
| STREET ADDRESS | 3737 COLLINS AVENUE | | 1.3 STREET | ADDRESS | | 3 | | } |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | | 14 CITY-ST-ZIP | | | | | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | | | Char | nge 🔲 Add | ldition |
| NAME | VIGNATI, ORLANDO | | 2.2 NAME | | | | | |
| STREET ADDRESS | A-A- COLUMN 115-1115 | | 2.3 STREET | ADDRESS | _ | | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | | 2.4 CITY-S | T- ZIP | | | | |
| TITLE | V | ☐ DELETE | 3.1 TITLE | | | Chan | ige ☐ Add | dition |
| NAME | FUMULE, ALEJANDRA 3737 Collins Avenue Migrai Beach, EC 3314 | | 3.2 NAME | | | | | 1 |
| STREET ADDRESS | 3737 Collins Avenue | , | 3.3 STREET | ADDRESS | | | | } |
| CITY-ST-ZIP | miamiBeach Ke 3314 | 0 | 3.4. CITY- S | T- ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Chan | nge 🔲 Add | dition |
| NAME | | | 4. 2 NAME | | • | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 C/TY-S | r-ZiP | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Chan | nge ∐ Add | dition |
| NAME | | | 5.2 NAME | | • | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Chan | nge 🗌 Add | dition |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | ļ |

Country

30

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 received 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 attamment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)