

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

FILED

**Mar 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075960 (9)
1. Corporation Name
DEZER ORLANDO HOTEL CORP.



Principal Place of Business Mailing Address
18401 COLLINS AVE. 18401 COLLINS AVE.
MIAMI BEACH FL 33160 MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 3401 L.B. MCLEOD RD. 26 89 5th AVE.
Suite, Apt #, etc. Suite, Apt #, etc.
22 27 11 FLOOR
City & State City & State
23 ORLANDO, FL. 28 N.Y. N.Y.
Zip Country Zip Country
24 32805 25 ORANGE 29 10003 30 N.Y.C.

3. Date incorporated or Qualified
09/02/1997
4. FEI Number 65-0777720 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
DEZER, MICHAEL
18401 COLLINS AVE.
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent
81 Name MARK, MATTHEW
82 Street Address (P.O. Box Number is Not Acceptable) 8701 COLLINS AVE.
83
84 City MIAMI BEACH FL 85 Zip Code 33154

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]* DATE: 3-6-98
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PREO. MICHAEL DEZER
1.3 STREET ADDRESS	89 5th AVE.
1.4 CITY-ST-ZIP	N.Y. N.Y. 10003
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NEOMI DEZER
2.3 STREET ADDRESS	89 5th AVE.
2.4 CITY-ST-ZIP	N.Y. N.Y. 10003
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700002464327
6.3 STREET ADDRESS	-03/11/98--01100--040
6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE: *[Signature]*

CR2E034 (10/97)