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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082326

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90106 033 ***150.00

UASA G	HANDE HOTEL, INC.									
Principal Place	e of Business	Mailing Address						10110 HOUR HA	0 H010 000 1001	
2781 NE 57TH CT FT. LAUDERDALE FL 33308		2781 NE 57TH CT FT. LAUDERDALE FL 33308				DO.NOT-WRITE IN THIS	SPACE.	*		
US US							3. Date Incorporated or Qualifed			
							09/23/1997			ĺ
2 Principal P	lace of Business	2a. Mailing Address					4. FEI Number	TA	pplied For	
Z, Fishcipar F	lace of business	26					65-0792147	ot Applicable	1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional	1	
22		27				5. Certificate of Status Desired		e Required		
City & State		City & State				6. Election Campaign Financing 55.00 May Be				
23		28				Trust Fund Contribution Added to Fees			}	
Zip	Country	Zip	Cou	ıntry			8. This corporation owes the current year Int	angible	_	
24	25	29	30				Personal Property Tax.	Yes	No]
	9. Name and Address of Currer	nt Registered Agent					10. Name and Address of New Registered	Agent		1
				81	Name					ł
	GER, PHILIP B			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)			1
2048	36 W. DIXIE HWY.				Gileet	address (F.O. Dox Humber is Not Nocopiable)]
MIAMI FL 33180				83						1
								los Zin	Code	1
				84	City		FL	_ 85 Zip	Code	ļ
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	authorize orida Stat	d by t tutes.	ine corpi	oration	ration submits this statement for the purpose of 's board of directors. I hereby accept the appo	intment as	egistered egistered	-= -
	Signature, typed or printed name of registered ager		_	Agent	signature r	equired v	ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS	ID DIRECT	OPC IN 12	1 8
12.	T	ND DIRECTORS ☐ DELETE		13.			ADDITIONS/CHANGES TO OFFICERS AT	Change		CR2E034 (11/98)
TITLE	TD	C Deterie	L						_	4
NAME	WALDMAN, PETER G.			AME	ADDDESS					18
STREET ADDRESS					ADORESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	☐ DELETE	1.4 C	ITY-ST	-212				☐ Addition	ზ
TITLE	PD DANING		2.1 T			2~	Betton, Danny			
NAME	BOTHON, DANNY				ADDRESS	pe nony panny				Í
STREET ADDRESS	• • · · · • ·									ì
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	☐ DELETE	3.1 T	CITY-ST	1-ZIP			Change	Addition	1
TITLE	VD CAMUE			IAME					_	
NAME	ANIDJAR, SAMUEL		1		ADDRESS					
STREET ADDRESS	1 000 110 01111									1
CITY-ST-ZIP	HOLLYWOOD FL 33021	☐ DELETE	3.4. C	CITY-SI	I-ZIP	-		☐ Change	Addition	┨
TITLE	D DOTTON NATION	C) DECETE	1	NAME						.
NAME	BOTTON, NATHAN				******					Ì
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33140	☐ DELETE	5.1 T	ITY-ST	- ZIP			☐ Change	Addition	†
TITLE				IAME						
NAME					ADDRESS					1
STREET ADDRESS	1			ITY-ST		İ				[
CITY-ST-ZIP		☐ DELETE	6.1 T		CIF			☐ Change	Addition	1
TITLE				IAME				E.J. 294		
NAME					ADDRESS	1				1
STREET ADDRESS				ITY-ST			·			1
CITY OT 7ID										

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, with all other like empowered.

SIGNATURE: