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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90078 024 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000001085

1. Corporation Name

VARADERO II BEACH MOTEL, INC.

Principal Place of Business

15901 COLLINS AVENUE
MIAMI BEACH FL 33160

Mailing Address

15901 COLLINS AVENUE
MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1998

4. FEI Number

05-0811020

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

DE LA CAMARA, ROSA M ESQ
5201 BLUE LAGOON DRIVE SUITE 100
MIAMI FL 33126

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BORGES, ALINA
STREET ADDRESS 11554 NW 88TH AVENUE
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE DV ☐ DELETE

NAME ALVAREZ, VIRGINIA
STREET ADDRESS 10291 SW 5TH STREET
CITY-ST-ZIP MIAMI FL 33174

TITLE DT ☐ DELETE

NAME RODRIGUEZ, VICENTE
STREET ADDRESS 15901 COLLINS AVENUE UNIT 223
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE DS ☐ DELETE

NAME BRITO, MARTHA
STREET ADDRESS 4120 SW 125TH AVENUE
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DR. RODRIGUEZ VICENTE
1.3 STREET ADDRESS 15901 COLLINS AVE UNIT 223
1.4 CITY-ST-ZIP SUNNY ISLES FL 33160

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DV. ZABENST LUIS
2.3 STREET ADDRESS 16533 MIAMI LAKWAY NORTH
2.4 CITY-ST-ZIP MIAMI FL 33014

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DT. JOSE RODRIGUEZ
3.3 STREET ADDRESS 19009 NORTH WEST 64 COURT.
3.4 CITY-ST-ZIP MIAMI FL 33015

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME D.S. ILEANA PERE
4.3 STREET ADDRESS 15901 COLLINS AVE UNIT #B12
4.4 CITY-ST-ZIP SUNNY ISLES FL 33160

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME DV. KEVIN RODRIGUEZ
5.3 STREET ADDRESS 10054 SOUTH WEST 222 ST.
5.4 CITY-ST-ZIP MIAMI FL 33190

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #