03291999-90103-015-$150.00-$150.00

| PROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|

## DOCUMENT # P98000002522

1. Corporation Name

**SOUTH BEACH HOTEL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1920 E HALLANDALE BEACH BLVD. STE 811<br>HALLANDALE FL 33009 | 1920 E HALLANDALE BEACH BLVD. STE 811<br>HALLANDALE FL 33009 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
**01/08/1998**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 *1623 Collins Ave* | 26 *1623 Collins Ave* |
| Suite, Apt. #, etc. 22 *909* | Suite, Apt. #, etc. 27 *909* |
| City & State 23 *Miami Beach FL* | City & State 28 *Miami Beach FL* |
| Zip 24 *33139* | Country 25 *USA* | Zip 29 *33139* | Country 30 *USA* |

4. FEI Number — 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

### 9. Name and Address of Current Registered Agent

DOMINGUEZ, LUIS
1920 E HALLANDALE BEACH BLVD, STE 811
HALLANDALE FL 33009

### 10. Name and Address of New Registered Agent

| 81 Name | *Dominguez, Luis* |
|---|---|
| 82 Street Address (P.O. Box Number is Not Acceptable) | *1623 Collins Ave* |
| 83 | *909* |
| 84 City *Miami Beach* | FL | 85 Zip Code *33139* |

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 *Luis Dominguez* — *March 27/99*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | *1623 Collins Ave 909* ☑ Change ☐ Addition |
| NAME | DOMINGUEZ, LUIS | | 1.2 NAME | |
| STREET ADDRESS | 1920 E HALLANDALE BEACH BLVD, STE 811 | | 1.3 STREET ADDRESS | *Miami Beach FL 33139* |
| CITY-ST-ZIP | HALLANDALE FL 33009 | | 1.4 CITY-ST-ZIP | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | *1623 Collins Ave 909* ☑ Change ☐ Addition |
| NAME | DOMINGUEZ, VIRGINIA | | 2.2 NAME | |
| STREET ADDRESS | 1920 E HALLANDALE BEACH BLVD, STE 811 | | 2.3 STREET ADDRESS | *Miami Beach FL 33139* |
| CITY-ST-ZIP | HALLANDALE FL 33009 | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 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: *Virginia Dominguez* *March 27/99* (305) 534-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #