

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90093 047 \*\*\*150.00

DOCUMENT # P98000074537

1. Corporation Name  
INTERCOASTAL HOTEL & RESORT INC.

Principal Place of Business  
26 DIPLOMANT PARKWAY  
HALLANDALE FL 33009

Mailing Address  
26 DIPLOMANT PARKWAY  
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1998

4. FEI Number

05-0862210

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMAN, MARGARITA  
26 DIPLOMANT PARKWAY  
HALLANDALE FL 33009

81

Name

MARIA MORALES

82

Street Address (P.O. Box Number is Not Acceptable)

3590 E 1 AVE

83

84

City

Hialeah

FL

85

Zip Code

33013

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

Maria Morales

MARIA MORALES

OWNER

1/18/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ROMAN, MARGARITA  
STREET ADDRESS 26 DIPLOMANT PARKWAY  
CITY-ST-ZIP HALLANDALE FL 33009

☒ DELETE

1.1 TITLE PD  
1.2 NAME MARIA MORALES  
1.3 STREET ADDRESS 3590 E 1 AVE  
1.4 CITY-ST-ZIP HIALEAH FLA 33013

☒ Change

☐ Addition

TITLE VPD  
NAME AGUIAR, EMILIO  
STREET ADDRESS 26 DIPLOMANT PARKWAY  
CITY-ST-ZIP HALLANDALE FL 33009

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME ALFONSO, RAFAEL  
STREET ADDRESS 26 DIPLOMANT PARKWAY  
CITY-ST-ZIP HALLANDALE FL 33009

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD  
NAME MORALES, MARIA  
STREET ADDRESS 26 DIPLOMANT PARKWAY  
CITY-ST-ZIP HALLANDALE FL 33009

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Maria Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 (954) 454-5881

Date

Daytime Phone #

0122728

CR2E034 (11/98)