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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S05218

(0)

1. Corporation Name

27TH AVE HOTEL, INC.

Principal Place of Business

7326 COLLINS AVE.
MIAMI BEACH FL 33141-2712

Mailing Address

7326 COLLINS AVE.
MIAMI BEACH FL 33141-2712

3. Date Incorporated or Qualified
10/08/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RESSLER, BARRY
255 ALHAMBRA CIRCLE
STE. 610
CORAL GABLES FL 33134

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 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.

above-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME AGNES, SINGH
STREET ADDRESS 8929 NW 27 AVENUE
CITY- ST- ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

1. TITLE LARRY SINGH
1. NAME
1. STREET ADDRESS 8929 NW 27 AVE
1. CITY- ST- ZIP MIAMI FL 33147

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY- ST- ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY- ST- ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY- ST- ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY- ST- ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for an 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.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/97

416-6280

Daytime Phone

0195014

CR2E034 (9/96)