

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S06147 (0)

1. Corporation Name

TUDOR HOTEL ASSOCIATES, INC.



Principal Place of Business

1111 COLLINS AVE
MIAMI BEACH FL 33139

Mailing Address

1111 COLLINS AVE
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
10/11/1990

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

21 16500 N.W. 2nd Ave

2a. Mailing Address

26 16500 N.W. 2nd Avenue

4. FEI Number
65-0225639

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

23 Miami FL

City & State

28 Miami FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33169 25 USA

Zip Country
29 33169 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, SARA
3515 N. 30TH TERRACE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name MYRNA Thompson
82 Street Address (P.O. Box Number is Not Acceptable) 1111 Collins Avenue #108
83 Miami Beach FL
84 City
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

Sara Cohen

Signature (Typed or printed name of registered agent, and then if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COHEN, BEN
STREET ADDRESS 3515 N 30TH TERR
CITY-ST-ZIP HOLLYWOOD FL

TITLE ~~Secretary~~
NAME ~~MYRNA Thompson~~
STREET ADDRESS ~~1111 Collins Ave~~
CITY-ST-ZIP ~~Miami Beach FL 33139~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary
1.2 NAME MYRNA Thompson
1.3 STREET ADDRESS 1111 Collins Ave
1.4 CITY-ST-ZIP Miami Beach FL 33139

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

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Sara Cohen
Sara Cohen President

Date

Daytime Phone #

(305) 945-2402

CR2E034 (12/95)