

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 5:11

DOCUMENT # S14014 (2)

1. Corporation Name:

NEPTUNE'S HIDEAWAY MOTEL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2895 BISCAYNE BLVD
SUITE 301
MIAMI FL 33137**

**2895 BISCAYNE BLVD
SUITE 301
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0228785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 196.032,
Florida Statutes: ☐ 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

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CABRERA, RAUL D.
4201 S.W. 11TH STREET
MIAMI 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 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]

4/30/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
AZPARI, LORENZO
2895 BISCAYNE BLVD #301
MIAMI FL**

11 101
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

101
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
AZPARI, RACHEL
2895 BISCAYNE BLVD #301
MIAMI FL**

21 101
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

101
NAME
STREET ADDRESS
CITY, ST, ZIP

31 101
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

101
NAME
STREET ADDRESS
CITY, ST, ZIP

41 101
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

101
NAME
STREET ADDRESS
CITY, ST, ZIP

51 101
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

101
NAME
STREET ADDRESS
CITY, ST, ZIP

61 101
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.02(2)(b), 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, as appropriate, on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 (315) 579-2182