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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S80368

(1)

## FILED May 12 1997 8:00am Secretary of State

OCEANFRONT RESORTS, INC.  Principal Place of Business Mailing Address 6979 COLLINS AVE. MIAMI BEACH FL 33141 MIAMI BEACH FL 33141-3205						
				3. Date Incorporated or Qualified 09/16/1991	3a, Date of Last Re 07/02/1996	eport
2, Principal F	Place of Business	2s. Mailing Address		4, FEI Number		plied For
21		26		65-0237280		t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	
City & Sta	le	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 Added to	May Be
Zıp	Country	Zip	Country	8. This corporation has liability for	intangible tax under s.	199.032,
24	25	29	30		Yes No	
	9, Name and Address of Curr	ent Hegistered Agent	81 Name	10, Name and Address of New Re	gistered Agent	
	LIN, JAMES					
6979 COLLINS AVE MIAMI BEACH FL 33141			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	\
100	Will DESCRIPTE SOUTH		83		<u> </u>	
			84 City		85 Zip (	Code
	-4.0	500 - 4007 4500 Fl-14- Old Old				
	registered agent or both in the Sta	the time to the ti				
office or agent. L SIGNATURE	Waren a	to Part		rporation submits this statement for the patient's board of directors. I hereby acceptions to the patient of th	23/97	registered
1	Signature, typed or printed name of registered a	agent and title if applicable. (NOI AND DIRECTORS	authorized by the corpora orida Statutes.  E. Registered Agent signature requ.  13.		DATE CERS AND DIRECTOR	
SIGNATURE:	Supplie Typed or pented name of registered a OFFICERS A	Fully agent and title if applicable. (NO)	E. Registered Agent signature requests.  13. 1.1 TITLE	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	US 167 DATE CERS AND DIRECTOR ☐ Change	RS IN 12
SIGNATURE.  12. THEF NAME	Stupped or pented name of registered a OFFICERS A P FALIN, JAMES	agent and title if applicable. (NOI AND DIRECTORS	E. Registered Agent signature requests.  13. 1.1 TITLE	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	US 167 DATE CERS AND DIRECTOR ☐ Change	RS IN 12
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4. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/47

(305)866-2000

e Phone #