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1997 FEB 11 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V31393

(4)

1. Corporation Name
SANTORINI ISLE, INC.

Principal Place of Business

440 COLLINS AVE XXXX
MIAMI BEACH FL 33139
US

Mailing Address

440 COLLINS AVE XXXX
MIAMI BEACH FL 33139-6610
US

3. Date Incorporated or Qualified
04/27/1992

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

21 One South Pointe Drive

Suite, Apt. #, etc.

22 City & State
Miami Beach FL

Zip

33139

Country

25

2a. Mailing Address

26 One South Pointe Dr.

Suite, Apt. #, etc.

27 City & State
Miami Beach FL

Zip

33139

Country

30

4. FEI Number

65-0334930

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

THREATT, ROBERT R.

440 COLLINS AVENUE XXXX
MIAMI BEACH FL 33139

One South Pointe Dr

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

4000002004224-7

02/11/97-0152-002
***165.00 FL ***165.00

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME HANAU, H.

STREET ADDRESS 440 COLLINS AVENUE XXXX
MIAMI BEACH FL

CITY-ST-ZIP

TITLE VS ☐ DELETE

NAME NEE, M.

STREET ADDRESS 440 COLLINS AVENUE XXXX
MIAMI BEACH FL

CITY-ST-ZIP

TITLE DP ☐ DELETE

NAME KRAMER, THOMAS

STREET ADDRESS 440 COLLINS AVENUE XXXX
MIAMI BEACH FL

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS One South Pointe Dr.

1.4 CITY-ST-ZIP Miami Beach FL 33139

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS One South Pointe Dr.

2.4 CITY-ST-ZIP Miami Beach FL 33139

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS One South Pointe Dr.

3.4 CITY-ST-ZIP Miami Beach FL 33139

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Margaret Nee V.P. 2/7/97 305-532-2519

CR2E034 (9/96)