

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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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
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DOCUMENT # V54647 (5)
1. Corporation Name

ALLARD RESORT HOTEL, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 2500 Hollywood Blvd.	26 2500 Hollywood Blvd.	07/31/1992	04/29/1996	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0349268			Not Applicable
22 Suite 212	27 Suite 212	5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees	
23 Hollywood, Fl.	28 Hollywood, Fl.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No		
Zip	Country	Zip	Country		
24 33020	25 Broward	29 33020	30 Broward		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Ross H. Manella ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)	2500 Hollywood Blvd.
83 Suite #212	
84 City	Hollywood, FL
85 Zip Code	33020

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 Ross H. Manella ROSS H. MANELLA 4/25/1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLARD, GILLES	1.2 NAME	
STREET ADDRESS	7654 BOULEVARD LEVESQUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAVAL, QUEBEC, CANADA	1.4 CITY - ST - ZIP	
TITLE	VTD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLARD, GILBERT	2.2 NAME	
STREET ADDRESS	7654 BOULEVARD LEVESQUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAVAL, QUEBEC, CANADA	2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Gilles Allard President 4/25/97 (9589253355)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GILLES ALLARD

CR2E034 (9/96)