

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V61669 (0)

1. Corporation Name

BV HOTEL & SPA ACQUISITION, INC.

Principal Place of Business

1428 BRICKELL AVENUE
SUITE 208
MIAMI FL 33131

Mailing Address

1428 BRICKELL AVENUE
SUITE 208
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1992

3a. Date of Last Report

03/01/1994

4. FEI Number

65-0364553

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRELLES, ALBERTO N ESQ.

~~6100 S. DADELAND BLVD.~~

~~SUITE 1410~~

~~MIAMI FL 33150~~

999 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES, 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 (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTS
NAME MALAVE, ADOLFO
STREET ADDRESS ~~605 S. BAYSHORE DR., SUITE 1044~~
CITY, ST, ZIP ~~MIAMI FL~~

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1428 BRICKELL AVE # 208
1.4 CITY, ST, ZIP MIAMI, FL. 33131

TITLE V
NAME ~~LANDA, RAFAEL~~
STREET ADDRESS ~~605 S. BAYSHORE DR., SUITE 104~~
CITY, ST, ZIP ~~MIAMI FL~~

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
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 on this report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information submitted on this 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or as an amendment with an addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95 (305) 445-4668

**POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENTS**

That I, **Adolfo Malave**, as **President for BV HOTEL & SPA ACQUISITION**, have made, constituted and appointed, and by these presents does make, constitute and appoint **ALBERTO N. TRELLES** true and lawful attorney for them and in their name, place and stead:

TO EXECUTE ANY AND ALL DOCUMENTS REQUIRED IN ORDER TO COMPLY WITH THE CORPORATION ANNUAL REPORT.

giving and granting unto **ALBERTO N. TRELLES** said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that **ALBERTO N. TRELLES** said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, We have hereunto set our hands and seals the 14th day of April, 1995.

Sealed and delivered in the presence of

Susan Williams
Magaly Rosa

By: [Signature]

State of Florida
County of Dade

Be It Known, That on the 14th day of April, 1995, before me, Magaly Rosa a
NOTARY PUBLIC in and for the State of Florida duly commissioned and sworn,
dwelling in the City of Miami, County of Dade, personally came and appeared
Adolfo Malave as President of BV HOTEL & SPA to me personally known, and
known to me to be the same persons described in and who executed the within power of
attorney, and acknowledged the within power of attorney to be the act and deed.