

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V71910 (6)
1. Corporation Name
IL PARADISO BEACH CLUB, INC.

Principal Place of Business 446 COLLINS AVE MIAMI BEACH FL 33139 US	Mailing Address 446 COLLINS AVE MIAMI BEACH FL 33139 US
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/13/1992	3a. Date of Last Report 03/31/1994
4. FEI Number 65-0372612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199 D32, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
--	---	---------------	---------------

9. Name and Address of Current Registered Agent
**PASTERNAK, THOMAS
C/O GREENBERG TRAUFG
1221 BRICKELL AVE
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name **Robert R. Threatt**
82 Street Address (P.O. Box Number is Not Acceptable) **446 Collins Avenue**
83
84 City **Miami Beach FL** 85 Zip Code **33139**

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 *Robert R. Threatt* **Robert R. Threatt** 4/28/95
Signature, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD	NAME KRAMER, THOMAS
STREET ADDRESS 446 COLLINS AVE	
CITY - ST - ZIP MIAMI BEACH FL	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME H. Hanau	
1.3 STREET ADDRESS 446 Collins Avenue	
1.4 CITY - ST - ZIP Miami Beach, FL 33139	
2.1 TITLE VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME M. NEE	
2.3 STREET ADDRESS 446 Collins Avenue	
2.4 CITY - ST - ZIP Miami Beach, FL 33139	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Nee* **Margaret Nee** 4/28/95 805-532-2519
Signature and typed or printed name of signing officer or director Date Telephone #