FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S29082** **(2)**

1. Corporation Name
THE MIAMI BEACH OCEAN RESORT, INC.

Principal Place of Business
3025 COLLINS AVE
ACCOUNTING DEPT.
MIAMI BEACH FL 33140
US

Mailing Address
C/O THE MIAMI BEACH OCEAN
3025 COLLINS AVE
MIAMI BCH FL 33140
US

2. Principal Place of Business
21 ____
Suite, Apt #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

3. Date Incorporated or Qualified: 02/01/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0245113 ☐ 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**

MILLER, REBECCA M
21ST FLOOR NEW WORLD TOWER
100 N. BISCAYNE BLVD.
MIAMI FL 33132

10. **Name and Address of New Registered Agent**
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 ____ NOTE: Registered Agent signature required when reinstating ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	KRAUSE, HANS JOACHIM	
STREET ADDRESS	3025 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VSD	☐ DELETE
NAME	FRIEDHEIM, RAYMOND L	
STREET ADDRESS	3025 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	SVD	☐ DELETE
NAME	KRAUSE, URSULA MARIA	
STREET ADDRESS	3025 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Albaluena Soro 2/15/96 (305)534-0505 x 2033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)