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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Piace of Business



Tam an officer or director of the corporation or the receiver or trustee expansion of the corporation or the receiver or trustee expansion or the second of the corporation or the receiver or trustee expansion appears in Block 12 or Block 13 if changed, or on an altachment with an add

SIGNATURE AND TYPED OF PRINTED NAME

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$29082

THE MIAMI BEACH OCEAN RESORT, INC.

(2)

Mailing Address

Mar 26 1997 8:00am Secretary of State

FILED

(305) 534-0505

3025 COLLINS A ACCOUNTING DO MIAMI BEACH F US	EPT. L 33140	C/O THE MIAMI BEACH OF 3025 COLLINS AVE MIAMI BCH FL 33140-4106 US	VEAN		3. Date Incorporated or Qualified 02/01/1991	3a. Date of Last Re 02/27/1996		
2. Principal Pla	ace of Business	2a. Mailing Address			4, FEI Number	 +	plied For	
21 Suite, Apt #	4, etc.	Suite, Apt #, etc			65-0245113 5. Certificate of Status Desired	□ \$8.75 A		
22		27			9. 05.11103.0 5. 01.1110	Fee He	·	
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country [25]	7ιρ Country 30			8. This corporation has liability for injungible tax under s. 199.032, Florida Statutes Yes \(\sime\) No			
	9. Name and Address of Curre	nt Registered Agent			10, Name and Address of New Rej	gistered Agent		
	er, rebecca m		81	Name				
	FLOOR NEW WORLD TOWER		82	Street Add	iress (P.O. Box Number is Not Acceptab	le)		
	N. BISCAYNE BLVD.				,,,,,	· · · · · · · · · · · · · · · · · · ·		
MIAM	II FL 33132		83					
			84	City		FL 85 Zip C	Code	
-2:	1 Contract CO 2 OC	Off and COV 1500 Floride Platute		nomad oor	poration submits this statement for the p		- registered	
office or re	egistered agent, or both, in the State n familiar with, and accept the oblig	e of Florida. Such change was a	authorized by	the corpora	tion's board of directors. I hereby accep	t the appointment as i	registered	
SIGNATURE	Styculare, type for per test came of regelesed ag	jent and tife Lappricable (NOT	E Registered Age	nt signature requ	lred when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12	
THUE	PTD	DELETE	1 1 TITLE	Ī		☐ Change	Addition	
NAME	KRAUSE, HANS JOACHIM		12 NAME					
STREET ADDRESS	3025 COLLINS AVE		13 STREET	address				
CITY-ST-ZIP	MIAMI BCH FL		14 CITY-S	r-ZIP				
THUF	VSD	▼ DEFEIF	2 1 TITLE			Change	Addition	
N4ME	FRIEDHEIM, RAYMOND L		2.2 NAME	ļ				
STREET ADDRESS	3025 COLLINS AVE		23 STREET	ADDRESS				
CITY+ST-ZiP	MIAMI BCH FL		2 4 CITY-5	T - ZIP				
10.6	SVD	L DELETE	3 1 TITLE			☐ Change	Addition	
NAMI	KRAUSE, URSULA MARIA		3.2 NAME					
STREET ADDRESS	3025 COLUNS AVE		3.3 STREET					
CITY ST 70°	MIAMI BCH FL	Doriere	3.4. CITY - 5	T-ZIP		Change	Addition	
TITLE		☐] DELETE	4.1 TITLE			C. Change	FIFT MODITION	
NAME			4. 2 NAME	4000000				
STREET ADDRESS			43 STREET					
CITY - S1 - 74P	**** * * *** *** **** **** **** ***** ****	DELETE	4.4 CITY- S 5.1 TITLE	I - ZIP		Change	Addition	
TILLE		L_J CALLET	5 2 NAME			r onenge	LLI ANGION	
NAMI.			5.3 STREET	V DUBEGG				
STREET ADDRESS								
CHY-SI-ZIP TIRE		DELETE	5.4 CITY-S 6.1 TiTLE	1-217		Change	Addition	
NAM!		had become	6.2 NAME					
nesa:			6.3 STREET	Abbaren				
STREET ADDRESS .								
STREET ADDRESS. City - ST- ZIP			64 CITY-S					