

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M89039

**Entity Name:** DI LIDO BEACH HOTEL CORPORATION

**Current Principal Place of Business:**

605 LINCOLN RD  
5TH FL  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

605 LINCOLN RD  
5TH FL  
MIAMI BEACH, FL 33139

**FEI Number: 59-1348115**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAZAR, BRUCE  
605 LINCOLN RD - 5TH FL  
MIAMI BEACH, FL 33139 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LOWENSTEIN, ALFREDO  
Address SALITA CARLO BOSSOLI 3  
APT 6  
City-State-Zip: LUGANO SW 6900

Title PRESIDENT  
Name LOWENSTEIN, DIEGO  
Address 605 LINCOLN RD - 5TH FL  
City-State-Zip: MIAMI BEACH FL 33139

Title DV  
Name LOWENSTEIN-BOANO, PAULA  
Address 605 LINCOLN RD - 5TH FL  
City-State-Zip: MIAMI BEACH FL 33139

Title DV  
Name LOWENSTEIN, FLAVIA  
Address 605 LINCOLN RD - 5TH FL  
City-State-Zip: MIAMI BEACH FL 33139

Title DV  
Name LOWENSTEIN, CARLA  
Address 605 LINCOLN RD - 5TH FL  
City-State-Zip: MIAMI BEACH FL 33139

Title VS  
Name LAZAR, BRUCE E  
Address 605 LINCOLN RD - 5TH FL  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BRUCE E. LAZAR**

**VICE-PRESIDENT**

**04/20/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date