

**2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M89039

**FILED  
Jul 20, 2021  
Secretary of State  
7572209169CC**

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

**Current Principal Place of Business:**

4100 NE 2NE AVE  
SUITE 202  
MIAMI , FL 33137

**Current Mailing Address:**

4100 NE 2NE AVE  
SUITE 202  
MIAMI , FL 33137 US

**FEI Number:** 59-1348115

**Certificate of Status Desired:** No

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

LAZAR, BRUCE  
4100 NE 2NE AVE  
SUITE 202  
MIAMI , FL 33137 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	Title	PRESIDENT/DIRECTOR
Name	LOWENSTEIN, ALFREDO	Name	LOWENSTEIN, DIEGO
Address	4100 NE 2NE AVE SUITE 202	Address	4100 NE 2NE AVE SUITE 202
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	DV	Title	DV
Name	LOWENSTEIN-BOANO, PAULA	Name	LOWENSTEIN, FLAVIA
Address	4100 NE 2NE AVE SUITE 202	Address	4100 NE 2NE AVE SUITE 202
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	DV	Title	VS
Name	LOWENSTEIN, CARLA	Name	LAZAR, BRUCE E
Address	4100 NE 2NE AVE SUITE 202	Address	4100 NE 2NE AVE SUITE 202
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	VP		
Name	GRANDA, JAVIER ALEJANDRO		
Address	4100 NE 2NE AVE SUITE 202		
City-State-Zip:	MIAMI FL 33137		

*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

**VS**

**07/20/2021**

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

\_\_\_\_\_  
Date