

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001281

**Entity Name:** KEY BISCAYNE HOTEL OPERATOR, INC.

**Current Principal Place of Business:**

50 ROCKEFELLER PLAZA 2ND FLOOR  
NEW YORK, NY 10020

**Current Mailing Address:**

50 ROCKEFELLER PLAZA 2ND FLOOR  
NEW YORK, NY 10020

**FEI Number:** 37-1778538

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 CEO, DIRECTOR  
Name MEDZIGIAN, MICHAEL G  
Address 50 ROCKEFELLER PLAZA 2ND FLOOR  
City-State-Zip: NEW YORK NY 10020

Title D  
Name MURILLO, GIL  
Address 50 ROCKEFELLER PLAZA 2ND FLOOR  
City-State-Zip: NEW YORK NY 10020

Title D  
Name GUDGEON, GEORGE  
Address 50 ROCKEFELLER PLAZA 2ND FLOOR  
City-State-Zip: NEW YORK NY 10020

Title AS  
Name PERESS, JOYCE  
Address 50 ROCKEFELLER PLAZA 2ND FLOOR  
City-State-Zip: NEW YORK NY 10020

Title CFO  
Name SINHA, MALLIKA A  
Address 50 ROCKEFELLER PLAZA 2ND FLOOR  
City-State-Zip: NEW YORK NY 10020

Title S  
Name HYDE, SUSAN C  
Address 50 ROCKEFELLER PLAZA 2ND FLOOR  
City-State-Zip: NEW YORK NY 10020

*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:** JOYCE PERESS

**AUTHORIZED PERSON**

**05/01/2017**

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

\_\_\_\_\_  
Date