

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

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 218831 (6)**  
 1. Corporation Name  
**HOSPITALITY OPERATIONS, INC.**



Principal Place of Business <del>2655 LEJEUNE RD., STE PH10 CORAL GABLES FL 33134</del>	Mailing Address <del>2655 LEJEUNE RD., STE PH10 CORAL GABLES FL 33134</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/01/1959</b>	
21 <b>2800 SW 28th Terr.</b>	26 <b>2800 SW 28th Terr.</b>	4. FEI Number <b>59-0865186</b>		Applied For <input type="checkbox"/> Not Applicable	
22 <b>Att.</b>	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>MIAMI FL</b>	28 <b>MIAMI FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>33133</b>	25 <b>USA</b>	29 <b>33133</b>	30 <b>FL</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WOLFSON, BERNARD</b> <del>2655 LEJEUNE RD., SUITE PH10 CORAL GABLES FL 33134</del>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<b>1500 SAN REMO AVE</b>		
				84	<b>SUITE 125</b>		
				85	City		
					<b>CORAL GABLES FL</b>		
				86	Zip Code		
					<b>33146</b>		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLFSON, BERNARD</b>	1.2 NAME	
STREET ADDRESS	<b>3165 VIA ABITARE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLFSON, JESSIE F</b>	2.2 NAME	
STREET ADDRESS	<b>3165 VIA ABITARE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLFSON, ETTA</b>	3.2 NAME	
STREET ADDRESS	<b>11 ISLAND AVE APT 503</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **3/20/98** **(305) 468-5870**

CR2E034 (10/97)