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FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 673835

(5)

1. Corporation Name

HOTEL-MOTEL MANAGEMENT CORP.

Principal Place of Business

3485 N. DESERT DR., STE 106. BLDG. 2
AIRPORT 285 OFFICE PARK
EAST POINT GA 30344

Mailing Address

3485 N. DESERT DR., STE 106. BLDG. 2
AIRPORT 285 OFFICE PARK
EAST POINT GA 30344-5709

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

YADO, JESS J., III, ESQ
4830 W. KENNEDY BLVD., STE 750
TAMPA FL 33609

3. Date Incorporated or Qualified
06/17/1980

3a. Date of Last Report
04/26/1996

4. FEI Number
59-2004690

Applied for
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME KASSAM, P H
STREET ADDRESS 53 BRIARSCROSS BLVD
CITY-ST-ZIP AGINCOURT, ONT, CAN

☐ DELETE

TITLE PD
NAME KASSAM, AZIM P
STREET ADDRESS 53 BRIARSCROSS BLVD
CITY-ST-ZIP AGINCOURT, ONT, CAN

☐ DELETE

TITLE S
NAME KASSAM, AZIM, P
STREET ADDRESS 53 BRIARSCROSS BLVD
CITY-ST-ZIP AGINCOURT, ONT, CAN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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, the receiver or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. An attachment with an affidavit is required.

SIGNATURE

Azim P. Kassam

11/11/97

404-762-6322

CR2E034 (9/96)