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FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # G71063 (3)

1. Corporation Name
BIC HOTEL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
150 S.E. 2 AVE. SUITE 806 MIAMI FL 33131	701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1983

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2347051 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
STE 3000
MIAMI FL 33131

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARCELO VADELL, SIMON P.		1.2 NAME	
STREET ADDRESS	ROBERT MOTTA 22		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMA DE MALLORCA, SP.		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARCELO TOUS, SIMON		2.2 NAME	
STREET ADDRESS	ROBERT MOTTA 22		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMA DE MALLORCA SP		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARCELO, MARIA A.		3.2 NAME	
STREET ADDRESS	ROBERT MOTTA 22		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMA DE MALLORCA, SP.		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BARCELO TOUS, ANTONIA		4.2 NAME	
STREET ADDRESS	ROBERT MOTTA 22		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMA D MALLORCA SP		4.4 CITY-ST-ZIP	
TITLE	M	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SANTOS, LUIS		5.2 NAME	
STREET ADDRESS	1228 WEST AVE #606		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, CHARLES		6.2 NAME	
STREET ADDRESS	2121 P STREET N.W.		6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20037		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: