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Jan 22 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 # H28603 (9)

1. Corporation Name
MAYA MOTELS, INC.

Principal Place of Business	Mailing Address
4486 N SUNCOAST BLVD CRYSTAL RIVER FL 34428 US	4486 N SUNCOAST BLVD CRYSTAL RIVER FL 34429 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1984

2. Principal Place of Business	2a. Mailing Address
21	26 2380 N/W US-19
22 Suite, Apt. #, etc.	27 CRYSTAL RIVER
23 City & State	28 FL.
24 Zip / 25 Country	29 34428 / 30 USA

4. FEI Number: 59-2459944 ☐ 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

DESAI, PARESH G.
507 NW 9TH AVE.
CRYSTAL RIVER FL 34429

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 _____ 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	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DESAI, PARESH G.		1.2 NAME		
STREET ADDRESS	507 NW 9TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PATEL, KAMLESH N.		2.2 NAME		
STREET ADDRESS	507 NW 9TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		2.4 CITY-ST-ZIP		
TITLE	SEC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DESAI, MAYA		3.2 NAME		
STREET ADDRESS	1203 SE 4TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PATEL, JAIMIN		4.2 NAME		
STREET ADDRESS	4486 N. SUNCOAST BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

(352) 795-2111

SIGNATURE: Kamlesh Patel KAMLESH PATEL JAN 15 98