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Feb 21 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 # K80282 (2)  
1. Corporation Name  
AMERICAN HOSPITALITY ASSOCIATION, INC.



Principal Place of Business: 450 DOUGLAS AVE, ALTAMONTE SPRINGS FL 32714  
Mailing Address: 450 DOUGLAS AVE, ALTAMONTE SPRINGS FL 32714-2508

3. Date Incorporated or Qualified: 04/10/1989  
3a. Date of Last Report: 04/26/1996  
4. FEI Number: 59-2998401  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
City & State, Zip, Country

9. Name and Address of Current Registered Agent  
MANSORI, ZUBAIR S.  
815 ORIENTA AVENUE, SUITE 2  
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: Zubair S. Mansori  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
DATE: 2/7/97

12. OFFICERS AND DIRECTORS  
D DEWJI, G.M. 1125 BROWNSHIRE CT LONGWOOD FL  
D DEWJI, MOHAMED G. 1125 BROWNSHIRE CT LONGWOOD FL  
D DEWJI, SAJJAD G. 1125 BROWNSHIRE CT LONGWOOD FL  
D BHOJANI, MAHMOOD 1125 BROWNSHIRE CT LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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] G.M. Dewji  
Date: 02-18-97  
Daytime Phone #: (407) 862-7111

CR2E034 (9/96)