

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000085246 (4)**

1. Corporation Name
LAQUINTA, INC.



Principal Place of Business: **2548 MERCEDES DR FT LAUDERDALE FL 33316**
Mailing Address: **2548 MERCEDES DR FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **11/22/1994**
3a. Date of Last Report: **08/23/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields.

4. FEI Number: **65-0537197**
APPLIED FOR
5. Certificate of Status Desired:
\$8.75 Additional Fee Required
6. Election Campaign Financing:
\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MURRAY, DAVID G ESO
321 SE 15TH AVE
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 (Typed or printed name of registered agent for the corporation) and DATE fields.

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MALDONADO, ELSA	
STREET ADDRESS	2548 MERCEDES DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELSA MALDONADO	
1.3 STREET ADDRESS	2548 Mercedes Dr.	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33316	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARY Kuykendall	
2.3 STREET ADDRESS	2548 MERCEDES DR. VOID	
2.4 CITY-ST-ZIP	FT. LAUDERDALE Fla. 33316	
3.1 TITLE	D.V.P. MARY Kuykendall	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	2548 Mercedes Dr	
3.3 STREET ADDRESS	FT LAUD. FL 33316	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

APPROVED
MAY 1 1996
BY: *[Signature]*

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elsa Maldonado Murray Kuykendall* 4-11-96 - 7437830 (1954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____
1954-5242671

CRE034 (12/95)