

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 19 AM 11:14

1. Name of Limited Partnership

1a. DOCUMENT #
A30983

MDM HOTEL GROUP, LTD.



Mailing Address
**801 BRICKELL AVE.
SUITE 1401
MIAMI FL 33131**

Principal Office Address
**801 BRICKELL AVE.
SUITE 1401
MIAMI FL 33131**

3. Date Formed or Registered
12/24/1990

5a. Capital Contributions as
Shown on record.
\$465,883.00

3a. Date of Last Report
10/09/1995

5b. Amount of Capital
Contributions in FLORIDA
to date
\$465,883.00

4. State or Country of Formation
FL

6. FEI Number
65-0232230

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

**c/o George F. Allen
Suite 1005**

2a. Principal Office Address

9030 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

241 Sevilla Ave, Coral Gables, FL

City & State

Miami, FL

Zip

Country

33134

Zip

33156

Country

9. Name and Address of Current Registered Agent

**ALLEN, GEORGE F.
801 BRICKELL AVE.
SUITE 1401
MIAMI FL 33131**

10. If changed, new Registered Agent/Office

Name

Allen, George F.

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

241 Sevilla Avenue, Suite 1005

Suite, Apt. #, etc.

City

Coral Gables

FL

Zip Code

33134

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

MDM HOTELS, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

801 BRICKELL AVE. STE

11b. City, State & Zip Code

MIAMI FL 33131

11c. Registration/
Document Number

\$10575

**500002042115--7
-12/31/96--01054--023
*****576.25 *****576.25**

**500002042115--7
-12/31/96--01054--024
*****8.75 *****8.75**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.

SIGNATURE

[Signature]

DATE

12/16/96

LUIS A. PULENTA FOR MDM HOTELS, INC.

(305) 670-3056

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)