

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 218831

**Entity Name:** HOSPITALITY OPERATIONS, INC.

**Current Principal Place of Business:**

50 S.W. 12 STREET  
6TH FLOOR  
MIAMI, FL 33130

**Current Mailing Address:**

50 S.W. 12 STREET  
6TH FLOOR  
MIAMI, FL 33130 US

**FEI Number:** 59-0865186

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WOLFSON,BERNARD  
50 S.W. 12 STREET  
6TH FLOOR  
MIAMI, FL 33130 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WOLFSON,BERNARD  
Address 2669 SOUTH BAYSHORE DRIVE, APT.  
1603N  
City-State-Zip: MIAMI FL 33133

Title SD  
Name WOLFSON,JESSIE F  
Address 2669 SOUTH BAYSHORE DRIVE, APT.  
1603N  
City-State-Zip: MIAMI FL 33133

Title DVP  
Name WOLFSON, HOWARD  
Address 50 S.W. 12 STREET, 6TH FLOOR  
City-State-Zip: MIAMI FL 33130

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BERNARD WOLFSON

**PRESIDENT**

**03/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date