

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 # 328975 (8)

1. Corporation Name

PULITZER INTERNATIONAL HOTEL MANAGEMENT AND CONSULTANTS, INC.



Principal Place of Business

Mailing Address

1104 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134-3322

1104 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134-3322

2. Principal Place of Business

2a. Mailing Address

21 18450 NW 144 Avenue

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Okeechobee, Florida

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 34972

25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/17/1968

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2037813

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

YELEN, DAVID  
1104 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent, and how I apply call

(AGENT) Registered Agent signature, original when not filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PULIZER, PETER  
STREET ADDRESS 18450 NW 144TH AVENUE  
CITY-ST-ZIP OKEECHOBEE FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE VD  
NAME EGLI, ALFRED  
STREET ADDRESS BALB WEG 5  
CITY-ST-ZIP CH-8832 WO

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE STD  
NAME YELEN, DAVID  
STREET ADDRESS 1104 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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: *Peter Pulitzer* Peter PULITZER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

Date

Daytime Phone #

CR2E034 (12/95)