FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORFORATIONS

1998

DOCUMENT # 328975

(8)

FILED Feb 18 1998 8:00am Secretary of State

Principal Place	ER INTERNATIONAL HOTE S, INC. For Existings S ITH AVE	Mailing Address	I BLVD.		
OKEECHOBEE FL 34972 CORAL GABLES FL 33134-			1134-3322	DO NOT WRITE IN TH	IC CDACE
US				DO NOT WRITE IN TH	13 SPAUE
				3. Date Incorporated or Qualified	
a b	ace of Business	la a la		04/17/1968	
	ace of business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt 4	# .oto	[26] Suite, Apt. #, etc.		59-2037813	Not Applicable
22	π, τ	27		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1	City & State	···	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıçı	Country	Zib	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
 	9 Name and Address of Curre			10. Name and Address of New Registers	
YFL	EN. DAVID		81 Name		
	4 PONCE DE LEON BLVD		82 Street Add	described	
	RAL GABLES FL 33134		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	THE CHOICE I E COICT		83		
			_\		
			64 City	.	85 Zip Code
44 Porsagant t	to the russes can ad Sectional GOV Ora	02 and C07 1L08 Elorida Sta	tutes the above pamed co	rporation submits this statement for the purpos	 , ,
office or re agent. Lar SIGNATURE	egistered agent, or both, in the State in land acwath, and accept the oblig	a of Honda. Such change wa gations of Section 607.0505	is authorized by the corpora Florida Statutes.	ation's board of directors. I hereby accept the a	appointment as registered
SIGNATOR	Stipulative hyperbox \mathfrak{p} is the contract \mathfrak{p} and \mathfrak{p}	produce these enginerables (1997)	Voll. Flogistered Agent signature requ	uired when reinstating) DAT	<u> </u>
12.		IO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	L DELFTE	1 1 TITLE		Change Addition
NAME	PULIZER, PETER		12 NAME		
STREET ADORESS	18450 NW 144TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY-ST-ZIP		
11TLF	VD	DELETE	2.1 TITLE		Change Addition
NAME	egli, alfred		2.2 NAME		
STREET ADDRESS	BALB WEG 5		2.3 STREET ADDRESS		
CITY ST ZIP	CH-8832 WO		2 4 CITY-ST-ZIP		
TITLE	STD	DECETE	3 1 11TLE		Change Addition
NAME (YELEN, DAVID		3.2 NAME		
STREET ADDRESS	1104 PONCE DE LEON BLVI	D	3.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL		3.4. CITY - ST - ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DOTEIL	4,1 TITLE		Change Addition
NAME			4 2 NAME		• •
STREET ADDRESTS			4.3 STREET ADDRESS		
CHY-ST ZIP			4.4 CITY-ST-ZIP		
111(1		DELETE	5 1 TITLE		Change Addition
NAME		<u></u>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
\			1		
CITY - ST - ZIP TITLE		DITETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
1 1		C) britic	4		TI OHANGE TI MOSHION
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-74P			64 CITY-ST-ZIP		

inducation on this annual report or suppliemental abdust 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 affait liment with an address

SIGNATURE: