

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 26 PM 2:22



OP 117

1. Name of Limited Partnership
AIRLINER HOTELS, LTD.

1a DOCUMENT #
A24132

Mailing Address
P.O. BOX 330478
MIAMI FL 33233-0478

Principal Office Address
~~4150 N.W. 24TH STREET~~
~~MIAMI FL 33142~~

3. Date Formed or Registered
02/05/1987

5a. Capital Contributions as
Shown on record.
\$1,700,000.00

3a. Date of Last Report
12/19/1996

4. State or Country of Formation
FL

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$1,700,000.00

2. Mailing Address

2a. Principal Office Address
3535 Hiawatha Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

Zip Country

Zip Country
33133 U.S.A.

6. FEI Number
59-2767144
☐ 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)

9. Name and Address of Current Registered Agent

**OXLEY, PAUL
1541 BRICKELL AVENUE
APT. #A-401
MIAMI FL 33129**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BIG FLAG COMPANY	ONE E. LIBERTY ST., #	RENO NV	P14313

100002394251--R
-01/08/98--0108S--018
****541.25 ****541.25

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 620, Florida Statutes.

SIGNATURE *Paul Oxley*
Paul Oxley
Vice President of Big Flag Co.

DATE **12-23-97**

Daytime Telephone Number **305-859-9337**

CR2E003 (6/97)