

**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 22 AM 10:12

*mtm*  
*12/30*

<b>1.</b> Name of Limited Partnership  MDM HOTEL GROUP, LTD.	<b>1a.</b> DOCUMENT #  A 30983
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<b>2.</b> Mailing Address 9090 S. Dadeland Blvd. Miami, Florida 33156	<b>2a.</b> Principal Office Address 9090 S. Dadeland Blvd. Miami, Florida 33156
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, Florida	City & State Miami, Florida
Zip 33156 Country USA	Zip 33156 Country USA

<b>3.</b> Date Formed or Registered 12/24/1990	<b>5a.</b> Capital Contributions as Shown on record. \$465,883
<b>3a.</b> Date of Last Report 12/19/1996	
<b>4.</b> State or Country of Formation Florida	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date \$465,883
<b>6.</b> FEI Number 65-0232230	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

**9. Name and Address of Current Registered Agent**

Corporation Company of Miami  
201 South Biscayne Blvd.  
1600 Miami Center  
Miami, Florida 33131

**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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/ Document Number
MDM HOTELS, INC.	9090 S. Dadeland Blvd.	Miami, Florida 33156	S10575

0000002386820-1  
-12/31/97--07023--012  
\*\*\*550.00 \*\*\*550.00

**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 *Ricardo Glas* DATE 12/12/97  
Typed or Printed Name of General Partner Signing Form Ricardo Glas, as V.P. of MDM Hotels, Inc. Daytime Telephone Number (305) 670-3056

CR2E003 (6/97)