FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001361 (5)**

1. Corporation Name
CITY HOTELS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~7315 WISCONSIN AVENUE #424E~~ 4733 ~~BETHESDA MD 20814 US~~	~~7315 WISCONSIN AVENUE #424E BETHESDA MD 20814 US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/18/1993	02/09/1994

2. Principal Place of Business	2a. Mailing Address
21 4733 Bethesda Avenue	26 (same)
22 Suite, Apt. #, etc. #510	27 Suite, Apt. #, etc.
23 City & State Bethesda, MD	28 City & State MD
24 Zip 20814 25 Country USA	29 Zip 30 Country

4. FEI Number **52-1814205** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AGC CO. SUN BANK CENTER 200 SOUTH ORANGE AVE., SUITE 2300 ORLANDO FL 32801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HERMAN, JERRY H	12 NAME	
STREET ADDRESS	7315 WISCONSIN AVE 424E	13 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HASSON, VICTOR	22 NAME	
STREET ADDRESS	7315 WISCONSIN AVE 424E	23 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	ISRAEL, SALOME	32 NAME	
STREET ADDRESS	7315 WISCONSIN AVE 424	33 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	34 CITY-ST-ZIP	
TITLE	~~TD~~	41 TITLE	☐ Change ☐ Addition
NAME	~~HALFON, JACQUES~~ retired	42 NAME	
STREET ADDRESS	~~7315 WISCONSIN AVE 424~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~BETHESDA MD~~	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: City Hotels Mgmt Inc By: Jerry H Herman Pres 4-23-95 301 215-7288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JERRY H. HERMAN

0474711 FP