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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:32

DOCUMENT # **F94000004789 (3)**

1. Corporation Name
CITY HOTELS U.S.A., INC.

Principal Place of Business	Mailing Address
4733 BETHESDA AVE., #510 BETHESDA MD 20814	4733 BETHESDA AVE., #510 BETHESDA MD 20814

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1994**
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **52-1794147** ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOWER, BRIAN T
SUN BANK, #2300
200 S. ORANGE AVE.
ORLANDO FL 32801-3432

10. Name and Address of New Registered Agent

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 name changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HERMAN, JERRY H	12 NAME	
STREET ADDRESS	4733 BETHESDA AVE., #510	13 STREET ADDRESS	
CITY ST ZIP	BETHESDA MD 20814	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HASSON, VICTOR	22 NAME	
STREET ADDRESS	13 RUE DE LIVOURNE	23 STREET ADDRESS	
CITY ST ZIP	B-1050 BRUSSELS BELGIUM	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	~~HALFON, JACQUES~~	32 NAME	
STREET ADDRESS	~~13 RUE DE LIVOURNE~~	33 STREET ADDRESS	
CITY ST ZIP	~~B-1050 BRUSSELS BELGIUM~~	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	ISRAEL, SALOMON	42 NAME	
STREET ADDRESS	13 RUE DE LIVOURNE	43 STREET ADDRESS	
CITY ST ZIP	B-1050 BRUSSELS BELGIUM	44 CITY ST ZIP	
TITLE	TS	51 TITLE	☐ Change ☐ Addition
NAME	HASSON, ALBERT	52 NAME	
STREET ADDRESS	3-B RUE GINESTE	53 STREET ADDRESS	
CITY ST ZIP	B-1210 BRUSSELS BELGIUM	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 U.S.A., INC. By: Jerry H. Herman Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JERRY H. HERMAN

Date _____ Daytime Phone # _____

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