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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400004789

CITY HOTELS U.S.A., INC.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90025 045 ***150.00



Principal Place of Business Mailing Address						
4733 BETHESDA AVE #510 4733 BETHESDA AVE #510						
BETHESDA MD 20814 BETHESDA MD 20814					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					09/15/1994	
2 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21 -797	Notfall Ave	26 7920 Norfa	NC.	Me	52-1794147 Not Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 Additional	
27 Scrite 300 27 Scrite 300			\cap		5. Certificate of Status Desired Fee Required	
City & State City & State					6. Election Campaign Financing 55.00 May Be	
23 Retherda, 770 28 Retherda,			2 1	TO	Trust Fund Contribution Added to Fees	
Zipa	Country	Zip	Country	/	8. This corporation owes the current year Intangible	
24 2081	4 25	29 20014 30			Personal Property Tax.	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
LOWER, BRIAN T SUN BANK, #2300			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			02	Stieet Address (F.O. Box Manuscrist Not Acceptable)		
	S. ORANGE AVE.		83	i		
ORL	ANDO FL 32801-3432		04	City	85 Zip Code	
			84	City	FL s z p cods	
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						
l office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	· Florida. Such change was autho	rizea dv	the corpo	oration's board of directors. I hereby accept the appointment as registered	
· ·	Trainial Will, and docopt the obligation					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Age	nt signature r	required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	HERMAN, JERRY H		1.2 NAME			
STREET ADDRESS	7920 NORFOLK AVE, THIRD FL 1.3 ST		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20814			ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition	
NAME	HASSON, VICTOR					
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE	T	DELETE:	3.1 TITLE	-	T	
NAME	ISRAEL, SALOMON		3.2 NAME		Israel, Salomone	
STREET ADDRESS	13 RUE DE LIVOURNE		3.3 STREET		13 Ruede Livouine	
CITY-ST-ZIP	B-1050 BRUSSELS BELGIUM		3.4. CITY-	ST-ZIP	R-1050 grussels beginn	
TITLE	V	☐ DELETE	4.1 TITLE		Change Addition	
NAME	HASSON, ALBERT		4. 2 NAME		Hasson, Albert	
STREET ADDRESS	3-B RUE GINESTE		4.3 STREE	TADDRESS	113 bie de Livoline 1	
CITY-ST-ZIP	B-1210 BRUSSELS BELGIUM				a lata Parada Dalaina	
TITLE	שיובוי שיוסטבנט שבניסואי		4.4 CITY-S	T-ZIP	N-1050 Krosses, Reinorr	
	S	☐ DELETE	5.1 TITLE		B-1050 Brussels, Belgion Change Addition	
NAME	S Pelletier, dale	☐ DELETE			N-1050 Krosses, Reinorr	
NAME STREET ADDRESS	S	☐ DELETE	5.1 TITLE 5.2 NAME		N-1050 Krosses, Reinorr	
1	S Pelletier, dale		5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS	Change Addition	
STREET ADDRESS	S PELLETIER, DALE 7920 NORFOLK AVE, THIRD FL	☐ DELETE	5.1 TITUE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE	ET ADDRESS ST-ZIP	N-1050 Krosses, Reinorr	
STREET ADDRESS CITY-ST-ZIP	S PELLETIER, DALE 7920 NORFOLK AVE, THIRD FL		5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	ET ADDRESS ST-ZIP	Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	S PELLETIER, DALE 7920 NORFOLK AVE, THIRD FL		5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP	Change Addition	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.