PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000002823

CORAL GABLES FLORIDA HOTEL CORP.

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90007 003 ***150.00



Principal Place of Business Malling Address					-	ENCOR HAND LAND	H illes fert søbt
14180 DALLAS PARKWAY SUITE 700 DALLAS TX 75240		14180 DALLAS PARKWAY SUITE 700 DALLAS TX 75240		DO NOT WRITE IN THIS	SPACE		
		, , , , , , , , , , , , , , , , , , ,			3. Date Incorporated or Qualifed 06/04/1996		
2. Principal Place of Business 2a. Mailing Address					4. FE! Number	Ap	plied For
_ '		26	26		65-0667014	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22 27		27	<u>/</u>]		J. Octalicate of States Booling	Fee Re	quired
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip C	Country	,	8. This corporation owes the current year In		
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	IX No
	9. Name and Address of Currer	nt Registered Agent	-	Lai	10. Name and Address of New Registered	Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			81	Name			ļ
			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET SUITE 105							
_	AHASSEE FL 32301		83				
IALL	MINOSEE IL SZOUT		84	City	FI	85 Zip (Code
44 Divisions	to the amulaions of Sections 607.050	12 and 607 1508 Florida Statutes th	e abov	e-named como	pration submits this statement for the purpose of	f changing its	registered
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registared Agent signature required when reinstating) DATE							
12.		· · · · · · · · · · · · · · · · · · ·	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE 1	.1 TITLE			Change	☐ Addition
NAME	FISHER, RICHARD L	1	2 NAME	-			
STREET ADDRESS	299 PARK AVENUE	1.1	.3 STREE	T ADDRESS			l
CITY-ST-ZIP			4 CITY-S	ST-ZIP			
TIFLE	VSD	☐ DELETE 2.1 TI			-	Change	☐ Addition
NAME	EDELMAN, MARTIN L 22N		.2 NAME				1
STREET ADDRESS	280 PARK AVENUE	2	.3 STREE	TADDRESS			Ţ
CITY-ST-ZIP	NEW YORK NY 10017		. 4 CITY~	ST-ZIP			
TITLE			.1 TITLE			Change	☐ Addition
NAME	KIMICHIK, DAVID	3	2 NAME				ł
STREET ADDRESS	14180 DALLAS PKWY	3	.3 STREE	TADDRESS			İ
CITY-ST-ZIP	DALLAS TX 75240	/m	.4. CITY-	ST-ZIP			☐ Addition
TITLE	_		.1 TITLE			Change	☐ Addition
NAME	Brooks, David A	14	. 2 NAME				
STREET ADDRESS	14180 DALLAS PKWY			TADDRESS			
CITY-ST-ZIP	Delett.		4 CITY-S	ST-ZIP		Change	Addition
TITLE	VD					Claringe	
NAME	LELAND, MARC		2 NAME	T ADDRESS			
STREET ADDRESS	1001 19TH STREET N		.3 STREE				
CITY-ST-ZIP	ARLINGTON VA 22209		.1 TITLE	71-AF	-	☐ Change	Addition
TITLE	10		2 NAME	·]		C1 Suringe	
NAME	BENNETT, MONTY			T ADDRESS			
STREET ADDRESS	14180 DALLAS PKWY	,	A OTTA				

ARLINGTON VA 75240

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.

SIGNATURE: _

SIGNATURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

972-718-5283

Daytime Phone #