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FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004067 (2)

1. Corporation Name

AMERICAN HOSPITALITY MANAGEMENT COMPANY OF MINNE
SOTA

Principal Place of Business

1500 S HWY 100 #375
MINNEAPOLIS MN 55416

Mailing Address

1500 S HWY 100 #375
MINNEAPOLIS MN 55416-1593

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/08/1996

3a. Date of Last Report

4. FEI Number

41-1629849

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

DADY, ROBERT
POPHAM, HAIK, SCHNOBRICH & KAUFMAN
100 SE 2ND ST #4000
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DOPT
PAYNE, KIRBY D
1500 S HWY 100 #375
MINNEAPOLIS MN 55416

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VS
RICHMAN, VICKI
1500 S HWY 100 #375
MINNEAPOLIS MN 55416

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP

19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP

23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP

27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP

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119 TITLE 120 NAME 121 STREET ADDRESS 122 CITY-ST-ZIP

123 TITLE 124 NAME 125 STREET ADDRESS 126 CITY-ST-ZIP

127 TITLE 128 NAME 129 STREET ADDRESS 130 CITY-ST-ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

135 TITLE 136 NAME 137 STREET ADDRESS 138 CITY-ST-ZIP

14. I do 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.

SIGNATURE

[Signature]

[Signature]

[Signature]

[Signature]

CR2E034 (9/96)