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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

0174846

## Sandra B. Mortham

ANNUAL REPORT  1997		Secre	B. Mortham  otary of State F CORPORATIONS	Secretary of State		
<ol> <li>Corporation</li> </ol>	MENT # H33	` '				
11007 40701 1111					HAN AND RESERVATE ROOM AND THE	
Principal Place of Business 201 E. FLAGLER \$T. MIAMI FL 33131-1301		Mailing Address 201 E. FLAGLER ST. MIAMI FL 33131-1301	201 E. FLAGLER ST.		T 1981911, GLOL (1965) 19619 11919 MONG WON BIGHT BYRN DYBYN BLUT, BYRN DIGHT LDDI	
				Date incorporated or Qualified     12/10/1984	3a. Date of Last Report 02/20/1996	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2469250	Applied For Not Applicable	
Suite, Apt #	Y, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	a a a garan a sana Ala ka maraya dikabashina ya Mikika ka maya di Mikika maya bikika	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζφ <b>24</b>	Country 25	7ip <b>29</b>	Country 30		Yes No	
MUH	<ol> <li>9. Name and Address of TAR, EZEQUIEL</li> </ol>	f Current Registered Agent	81 Name	10. Name and Address of New Reg	platered Agent	
251 (	E. FLAGLER ST. II FL 33131		82 Street Add	iress (P.O. Box Number is Not Acceptab	le)	
MRAIM	II PL 33131		83		**************************************	
			84 City		FL 85 Zip Code	
11. Pursuant toffice or reagent. Lar	o the provisions of Sections egistered agent, or both, in l n familiar with, and accept t	607.0502 and 607.1508, Florida Sta the Slate of Florida. Such change wa the obligations of, Section 607.0505,	tutes, the above-named cor is authorized by the corpora Florida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept		
	Signalare, typica or prieted damé of re-	gistered agent and for it applicable (N EFRS AND DIRECTORS	IOTE: Registered Agent signature requ	illed when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE EDS AND DIRECTORS IN 12	
12. Title	DP OFFIC	DELETE	1.1 TUTLE	ADDITIONS/ORANGES TO OFFIC	Change Addition	
NAME	MUHTAR, EZEQUIEL		1.2 NAME			
STREET ADORESS	201 E. FLAGLER ST. MIAMI FL		1.3 STREET ADDRESS			
CITY - 51 - 2d	DST	DELETE	1.4 CITY - ST - ZIP 2.1 YITLE		Change Addition	
NAM:	MUHTAR, RAQUEL	<del></del>	2.2 NAME		. — •	
STREET ADDRESS	201 E. FLAGLER ST.		2.3 STREET ADDRESS			
(a1y - \$1 - 79)	MIAMI FL	Descrit	2 4 CITY-ST-ZIP		Change Addition	
TILLE NAME		☐ DELFTE	3.1 TITLE 3.2 NAME		Change C Abouton	
STREET ADDRESS			3.3 STREET ADDRESS			
C(1) y · \$1 - 20°			3.4 CITY-ST-ZIP			
101.t		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4 2 NAME	•		
STREET ADORESS			4.3 STREET ADDRESS			
CHY-ST-ZIP TILLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME		<del>-</del>	5.2 NAME		• • —	
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-ST ZIF			5.4 City-St-Zip			
THTLE		DELETE	6.1 TITLE		Change Addition	
NAME CINCLE ACIDIDADE			6.2 NAME			
STHEET ACIDITIESS   CITY-ST ZIP			6.3 STREET ADDRESS 6 4 CITY - ST - ZIP			
14 Lda hereb	y certify that the information	supplied with this filing does not au	alify for the exemption state	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that the	
iniormation Larn an of appears in	n eigicated on this abhual re ficer or director of the corpo n Block 12 or Block 13 illoh	opers or supplemental arrival report or cration or the receiver or trustee emp crated, or see the attachment with an a	is true and accurate and that lowered to execute this repo address	at my signature shall have the same lega ort as required by Chapter 607, Florida S	tatutes; and that my name	