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Mar 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K69999 (6)  
1. Corporation Name: SOUTH WEST HOTELS CORP.



Principal Place of Business: 2400 LAVISTA MCALLEN TX 78501 US  
Mailing Address: 2400 LAVISTA MCALLEN TX 78501-6353 US

3. Date Incorporated or Qualified: 03/03/1989  
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business: 6950 HUNTERS DR, SUITE, APT. #, etc.  
2a. Mailing Address: 6950 HUNTERS DR, SUITE, APT. #, etc.  
21. City & State: NAPLES FLORIDA  
22. City & State: NAPLES FLORIDA  
23. Zip: 34109, Country: USA  
24. Zip: 33999, Country: USA  
25. Zip: 33999, Country: USA  
26. Zip: 33999, Country: USA  
27. City & State: NAPLES FLORIDA  
28. City & State: NAPLES FLORIDA  
29. Zip: 33999, Country: USA  
30. Zip: 33999, Country: USA  
4. FEI Number: 65-0200475  
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: RICHARDSON, RALPH, 27725 OLD 41 RD S104, BOWTIE SPRINGS FL 33923  
10. Name and Address of New Registered Agent: THOMAS KILLEN, 6950 HUNTERS DRIVE, NAPLES FLORIDA 34109, FL 33999

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] DATE: 2/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	DELETE <input type="checkbox"/>	1.1 TITLE: THOMAS KILLEN	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME: HUTERSTEIN, REINHOLD		1.2 NAME: THOMAS KILLEN	
STREET ADDRESS: 2400 LA VISTA		1.3 STREET ADDRESS: 6950 HUNTERS DRIVE	
CITY-STATE-ZIP: MCALLEN TX		1.4 CITY-STATE-ZIP: NAPLES, FL 34109	
TITLE: DST	DELETE <input type="checkbox"/>	2.1 TITLE: WALSH, MATTHEW	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: HUTERSTEIN, THERESA		2.2 NAME: WALSH, MATTHEW	
STREET ADDRESS: 2400 LAVISTA		2.3 STREET ADDRESS: 2400 LA VISTA	
CITY-STATE-ZIP: MCALLEN TX		2.4 CITY-STATE-ZIP: MCALLEN, TEXAS 78501-6353	
TITLE: V	DELETE <input type="checkbox"/>	3.1 TITLE: #1	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: WALSH, MATTHEW		3.2 NAME: HUTERSTEIN, REINHOLD	
STREET ADDRESS: 2400 LAVISTA		3.3 STREET ADDRESS: 6950 HUNTERS DRIVE	
CITY-STATE-ZIP: MCALLEN TX		3.4 CITY-STATE-ZIP: NAPLES, FLORIDA 33999	
TITLE: [Blank]	DELETE <input type="checkbox"/>	4.1 TITLE: #2	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: [Blank]		4.2 NAME: HUTERSTEIN, THERESA	
STREET ADDRESS: [Blank]		4.3 STREET ADDRESS: 6950 HUNTERS DRIVE	
CITY-STATE-ZIP: [Blank]		4.4 CITY-STATE-ZIP: NAPLES, FL 33999 34109	
TITLE: [Blank]	DELETE <input type="checkbox"/>	5.1 TITLE: [Blank]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: [Blank]		5.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		5.3 STREET ADDRESS: [Blank]	
CITY-STATE-ZIP: [Blank]		5.4 CITY-STATE-ZIP: [Blank]	
TITLE: [Blank]	DELETE <input type="checkbox"/>	6.1 TITLE: [Blank]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: [Blank]		6.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		6.3 STREET ADDRESS: [Blank]	
CITY-STATE-ZIP: [Blank]		6.4 CITY-STATE-ZIP: [Blank]	

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] V.P. DATE: 2/2/97 (713) 789-6288

CR2E034 (9/96)