


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

**FILED**  
**Jun 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K90974 (2)**  
 1. Corporation Name  
**MALIBU HOTEL, INC.**

Principal Place of Business 2936 SW 37 CT. MIAMI FL 33134 US	Mailing Address %Xiomara Lee 9100 S. DADELAND BLVD., SUITE 704 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/24/1989</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>65-0130981</b>	Applied For Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORES, ANGEL 2936 SW 37TH CT. MIAMI FL 33134				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of the registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ-MEDINA, GISELA	12. NAME	
STREET ADDRESS	10220 SW 88 AVE.	13. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	14. CITY-ST-ZIP	
TITLE		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	<b>300002550853</b>
CITY-ST-ZIP		18. CITY-ST-ZIP	<b>-06/08/98--01041--023</b>
TITLE		19. CITY-ST-ZIP	<b>***150.00</b>
NAME		20. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		21. NAME	
CITY-ST-ZIP		22. STREET ADDRESS	
TITLE		23. CITY-ST-ZIP	
NAME		24. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		25. NAME	
CITY-ST-ZIP		26. STREET ADDRESS	
TITLE		27. CITY-ST-ZIP	
NAME		28. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		29. NAME	
CITY-ST-ZIP		30. STREET ADDRESS	
TITLE		31. CITY-ST-ZIP	
NAME		32. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		33. NAME	
CITY-ST-ZIP		34. STREET ADDRESS	
TITLE		35. CITY-ST-ZIP	
NAME		36. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		37. NAME	
CITY-ST-ZIP		38. STREET ADDRESS	
TITLE		39. CITY-ST-ZIP	
NAME		40. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		41. NAME	
CITY-ST-ZIP		42. STREET ADDRESS	
TITLE		43. CITY-ST-ZIP	
NAME		44. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		45. NAME	
CITY-ST-ZIP		46. STREET ADDRESS	
TITLE		47. CITY-ST-ZIP	
NAME		48. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		49. NAME	
CITY-ST-ZIP		50. STREET ADDRESS	
TITLE		51. CITY-ST-ZIP	
NAME		52. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		53. NAME	
CITY-ST-ZIP		54. STREET ADDRESS	
TITLE		55. CITY-ST-ZIP	
NAME		56. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		57. NAME	
CITY-ST-ZIP		58. STREET ADDRESS	
TITLE		59. CITY-ST-ZIP	
NAME		60. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		61. NAME	
CITY-ST-ZIP		62. STREET ADDRESS	
TITLE		63. CITY-ST-ZIP	
NAME		64. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		65. NAME	
CITY-ST-ZIP		66. STREET ADDRESS	
TITLE		67. CITY-ST-ZIP	
NAME		68. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		69. NAME	
CITY-ST-ZIP		70. STREET ADDRESS	
TITLE		71. CITY-ST-ZIP	
NAME		72. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		73. NAME	
CITY-ST-ZIP		74. STREET ADDRESS	
TITLE		75. CITY-ST-ZIP	
NAME		76. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		77. NAME	
CITY-ST-ZIP		78. STREET ADDRESS	
TITLE		79. CITY-ST-ZIP	
NAME		80. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		81. NAME	
CITY-ST-ZIP		82. STREET ADDRESS	
TITLE		83. CITY-ST-ZIP	
NAME		84. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		85. NAME	
CITY-ST-ZIP		86. STREET ADDRESS	
TITLE		87. CITY-ST-ZIP	
NAME		88. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		89. NAME	
CITY-ST-ZIP		90. STREET ADDRESS	
TITLE		91. CITY-ST-ZIP	
NAME		92. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		93. NAME	
CITY-ST-ZIP		94. STREET ADDRESS	
TITLE		95. CITY-ST-ZIP	
NAME		96. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		97. NAME	
CITY-ST-ZIP		98. STREET ADDRESS	
TITLE		99. CITY-ST-ZIP	
NAME		100. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		101. NAME	
CITY-ST-ZIP		102. STREET ADDRESS	
TITLE		103. CITY-ST-ZIP	
NAME		104. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		105. NAME	
CITY-ST-ZIP		106. STREET ADDRESS	
TITLE		107. CITY-ST-ZIP	
NAME		108. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		109. NAME	
CITY-ST-ZIP		110. STREET ADDRESS	
TITLE		111. CITY-ST-ZIP	
NAME		112. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		113. NAME	
CITY-ST-ZIP		114. STREET ADDRESS	
TITLE		115. CITY-ST-ZIP	
NAME		116. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		117. NAME	
CITY-ST-ZIP		118. STREET ADDRESS	
TITLE		119. CITY-ST-ZIP	
NAME		120. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		121. NAME	
CITY-ST-ZIP		122. STREET ADDRESS	
TITLE		123. CITY-ST-ZIP	
NAME		124. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		125. NAME	
CITY-ST-ZIP		126. STREET ADDRESS	
TITLE		127. CITY-ST-ZIP	
NAME		128. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		129. NAME	
CITY-ST-ZIP		130. STREET ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Gisela Sanchez Medina* **4/29/98** **305-447-9828**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0221133