SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUS , 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RE TATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT STATE
Sandra B. Martha
Secretary of Sta
DIVISION OF CORPOR ONS

DOCUMENT # **K97000** **(9)**

1. Corporation Name

MALVERN HOTELS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O RITZ PLAZA HOTEL 1701 COLLINS AVE. MIAMI BEACH FL 33139	C/O RITZ PLAZA HOTEL 1701 COLLINS AVE. MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 06/21/1989	3a. Date of Last Report: 05/22/1995
4. FEI Number: 65-0127410	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STOFKA, MARIA
RITZ PLAZA HOTEL
1701 COLLINS AVE.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed, name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CONTRERAS, GUSTAVO		12 NAME	
STREET ADDRESS	PISOP 3 TORRE N.E.		13 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VE		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GERALLO, OSCAR		22 NAME	
STREET ADDRESS	VILIA KARIMPIA - VILLA B-16		23 STREET ADDRESS	
CITY-ST-ZIP	EL HATILLO CA		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	STOFKA, MARIA		32 NAME	
STREET ADDRESS	1701 COLLINS AVE.		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	STOLK DEL GIL, MARIA B		42 NAME	
STREET ADDRESS	QUINTA #8 EL HATILLO		43 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VE		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	LLERANDI, ADA		52 NAME	
STREET ADDRESS	170 OCEAN LANE DR., #811		53 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	ARCAY, DIEGO		62 NAME	
STREET ADDRESS	LA CIMA, APT., #1		63 STREET ADDRESS	
CITY-ST-ZIP	VALENCIA ED		64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #