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Apr 23 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 # K97000

(9)

1. Corporation Name
MALVERN HOTELS OF FLORIDA, INC.

Principal Place of Business

C/O RITZ PLAZA HOTEL
1701 COLLINS AVE.
MIAMI BEACH FL 33139

Mailing Address

C/O RITZ PLAZA HOTEL
1701 COLLINS AVE.
MIAMI BEACH FL 33139-2006



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
06/21/1989

3a. Date of Last Report
07/05/1996

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

9. Name and Address of Current Registered Agent

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

Javier

10. Name and Address of New Registered Agent

81 Name Javier Vila
82 Street Address (P.O. Box Number is Not Acceptable)
Ritz Plaza Hotel
83 1701 Collins Ave.
84 City Miami Beach FL 85 Zip Code 33139

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

4/11/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	CONTRERAS, GUSTAVO	Delete
STREET ADDRESS	PISOP 3 TORRE N.E.	
CITY-ST-ZIP	CARACAS VE	
TITLE	D	DELETE
NAME	GERALLO, OSCAR	Delete
STREET ADDRESS	VILIA KARIMPIA - VILLA B-18	
CITY-ST-ZIP	EL HATILLO CA	
TITLE	S	DELETE
NAME	STOFKA, MARIA	Delete
STREET ADDRESS	1701 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	DELETE
NAME	STOLK DEL GIL, MARIA B	Delete
STREET ADDRESS	QUINTA #8 EL HATILLO	
CITY-ST-ZIP	CARACAS VE	
TITLE	D	DELETE
NAME	LLERANDI, ADA	Delete
STREET ADDRESS	170 OCEAN LANE DR., #811	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	D	DELETE
NAME	ARCAY, DIEGO	Delete
STREET ADDRESS	LA CIMA, APT., #1	
CITY-ST-ZIP	VALENCIA ED	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ignacio Contreras	
1.3 STREET ADDRESS	1701 Collins Avenue	
1.4 CITY-ST-ZIP	Miami Beach, Fla. 33139	
2.1 TITLE	Vice President, COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Javier Vila	
2.3 STREET ADDRESS	1701 Collins Ave.	
2.4 CITY-ST-ZIP	Miami Beach, Fla. 33139	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 601, 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

Ignacio Contreras 534-3500

Date

Daytime Phone

CP2E034 (9/96)