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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

(9)

DOCUMENT # L45416 SOL HOTEL MANAGEMENT COMPANY

FILED May 23 1997 8:00am Secretary of State



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3925 COLLINS AVENUE 500			1000 BRICKNELL						
MIAMI FL 3313	H	500 Miami Beach	IFI 93131-3	MR					
US		US				3. Date Incorporated or Qualified 3a. Date of Last Report			eport
						01/24/1990	06/14/	/1996	
	Pace of Business	2a. Mailing A	ddress			4. FEI Number		Ar	oplied For
21	# etc	26				65-0174791	· · · · · · · · · · · · · · · · · · ·		t Applicable
Suite, Apt 2	#, CIC.	Suite, Ap	t #, etc.			5. Certificate of Status Desired		\$ 8.75 Fee Re	Additional
City & Stat	0	City & Sta	ale		 	6. Election Campaign Financing			May Be
3		28				Trust Fund Contribution		Added	
Zipi	Country	Zip		Country		8. This corporation has liability for	intangible tax	under s	. 199.032,
4	25	29	****	30	· · · · · · · · · · · · · · · · · · ·	Florida Statutes	🗌 Yes 🔏 i	No	
	9. Name and Address of	Current Registered Age	nt			10. Name and Address of New Re	egistered Age	ent	
B &				81	Name				
	S BISCAYNE BLVD			82	Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
	TE 3000								
MIAI	MI FL 33128 -996 5			63					
			•	84	City		-, 3	35 Zip (Code
4 Durous of	to the exercisions of Pastions C	07.0500 and 007.1600 F	Tarieta Otaba				FL		
office or r	registered agent, or both, in the	State of Florida. Such c	nonoa siaiti hange was	authorized by	the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	purpose of ch ot the appoin	ianging it tment as	s registered registered
agent La	iro familiar with, and accept the	obligations of, Section 6	607. 05 05, F	lorida Statutes	•	•			Ü
SIGNATURE									***************************************
CHEMINITERING	They share demonstrate consequent can be of record	lorned surcest and title if soulcast in	/N/A	TE: Electrical Agen	al a construe as a	de duchan estacastan)	D 175		
	Signature Typed or princed hand of regist OFFICET		(NO		nt signature requ	uiled when reinstating)	DATE	DECTOR	S IN 12
12.		RS AND DIRECTORS	(NO	13.	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND D		
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12. Tille NAME STREET ADDRESS	OFFICEI DP SANCHEZ, EVAGRIO	RS AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADORESS		CERS AND D		
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orporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name changed, or open attachment with an address.

SIGNATURE

RECHINED