

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

FILED  
May 15 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
---	---	---

DOCUMENT # **M41598** (7)  
1. Corporation Name  
**CRITERION HOTEL MANAGEMENT CORP.**

Principal Place of Business  
**3250 MARY ST.  
SUITE 500  
MIAMI FL 33133-5232  
US**

Mailing Address  
**3250 MARY ST.  
SUITE 500  
MIAMI FL 33133-5232  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/13/1986</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-2753577</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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

**PELTZ, ARVIN  
3250 MARY ST.  
SUITE 500  
MIAMI FL 33133**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>DCP WEISER, SHERWOOD M.</b>	<b>3250 MARY ST. #500 MIAMI FL</b>	<input type="checkbox"/> DELETE				
	<b>DVC LEFTON, DONALD E.</b>	<b>3250 MARY ST. #500 MIAMI FL</b>	<input type="checkbox"/> DELETE				
	<b>VAS SIBLEY, PETER L.</b>	<b>3250 MARY ST. #500 MIAMI FL 33133</b>	<input type="checkbox"/> DELETE				
	<b>STV TEMLING, W. PETER</b>	<b>3250 MARY ST. #500 MIAMI FL 33133</b>	<input type="checkbox"/> DELETE				
	<b>VAS HEWITT, THOMAS F.</b>	<b>3250 MARY ST. #500 MIAMI FL 33133</b>	<input type="checkbox"/> DELETE				
			<input type="checkbox"/> DELETE				

14. I 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:

*W. Peter Temling*

W. PETER TEMLING

4/21/98

305-445-2493

CR2E034 (10/97)