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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name M41598 (7)

CRITERION HOTEL MANAGEMENT CORP.

FILED							
May	15	1998	8:00am				
Sec	cret	ary of	State				

T INGRESIT THE STORM HOLD WHEN INDIVIDUAL ARTHUR STATE STATE AND IN STATE STAT

Principal Plac	on of Duranese	Mailing Address			B#1
l '					
3250 MARY 8 SUITE 500	ы.	3250 MARY ST. Suite 500			
MIAMI FL 33133-5232		MIAMI FL 33133-5232		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
L				11/13/1986	
—	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# oto	Suite, Apt #, etc.		59-2753577	Not Applicable
22	* , 0.00	h		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	<u> </u>	City & State		• Flastica Companies Figure in	
23	-	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25		ю	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curr	ent Registered Agent		10, Name and Address of New Registere	d Agent
PE	LTZ, ARVIN		81 Name		
32	50 MARY ST.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
•	HTE 500				
į MI	AMI FL 33133		83		
			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
				_	L.
office or r	to the provisions of Sections 607.0! registered agent, or both, in the Sta	502 and 607 1508, Florida Statutes ite of Florida. Such change was au	i, the above-named cor thorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap-	of changing its registered oppointment as registered
agent. La	im familiar with, and accept the obl	igations of, Section 607.0505, Flori	da Statutes		
SIGNATURE	Signature, typed or protest name of registered a	Ore of and the dearn he shall INCOTE	Registered Agent signature requ	pired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
THLE	DCP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	Weiser, Sherwood M.		1.2 NAME		
STREET ADDRESS	3250 MARY ST. #500		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DVC	DELETE	2.1 TOTLE		Change Addition
NAME	LEFTON, DONALD E.		2.2 NAME		
STREET ADDRESS	3250 MARY ST. #500		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	SIBLEY, PETER L.		3.2 NAME		
STREET ADDRESS	3250 MARY ST. #500		. 3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133	Treitate	3.4 CITY-ST-ZIP		Change Addition
TITLE	STV	L_ DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	TEMLING, W. PETER 3250 MARY ST. #500		4. 2 NAME		
1 1	MIAMI FL 33133		4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VAS	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	HEWITT, THOMAS F.	Lad Parker	52 NAME		
STREET ADDRESS	3250 MARY ST. #500		5 3 STREET ADDRESS		-
CITY-ST-ZIP	MIAMI FL 33133		5 4 CITY - ST - ZIP		
TOTLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
1 44 11	CART MORAL STATE OF THE STATE O			0 110 07(0)(1) 51 11 01 11 11	

Thereby 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 supplieriontal 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

GNATURE:

W. PRIPL TEMLING 4/2/1997

205-445-2493

SIGNATURE: