

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90199 043 ***158.75

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DOCUMENT # M54608

1. Corporation Name
ADOBE HACIENDA MOTEL, INC.

Principal Place of Business
1223 N. FEDERAL HIGHWAY
HOLLYWOOD FL 33020

Mailing Address
1223 N. FEDERAL HIGHWAY
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1987

4. FEI Number
59-2830873

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75. Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1019 N. 19th AVE
Suite, Apt. #, etc.

22 1
City & State

23 HOLLYWOOD, FL
Zip Country

24 33020 25

2a. Mailing Address

26 1019 N. 19th AVE
Suite, Apt. #, etc.

27 1
City & State

28 HOLLYWOOD, FL
Zip Country

29 33020 30

9. Name and Address of Current Registered Agent

BRONSARD, GERARD
1223 N. FEDERAL HIGHWAY
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name BRONSARD, GERARD
82 Street Address (P.O. Box Number is Not Acceptable)
1019 N. 19th AVE
83 APT 1
84 City HOLLYWOOD FL 85 Zip Code 33020

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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BRONSARD, GERARD
STREET ADDRESS 1223 N. FEDERAL HWY.
CITY-ST-ZIP HOLLYWOOD FL

TITLE SD
NAME BONNEVILLE, LIETTE
STREET ADDRESS 1223 N. FEDERAL HWY.
CITY-ST-ZIP HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT-DIRECTOR ☒ Change ☐ Addition
1.2 NAME BRONSARD, GERARD
1.3 STREET ADDRESS 1019 N. 19th AVE
1.4 CITY-ST-ZIP HOLLYWOOD, FL, 33020

2.1 TITLE SECRETARY-DIRECTOR ☒ Change ☐ Addition
2.2 NAME LIETTE BONNEVILLE
2.3 STREET ADDRESS 1019 N. 19th AVE
2.4 CITY-ST-ZIP HOLLYWOOD, FL, 33020

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-1999

Date

(950)(920-9960)

Daytime Phone

CR2E034 (11/98)