

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M57185** (4)

1. Corporation Name

HOTELERA NACO INC.



Principal Place of Business

**9260 S.W. 72ND STREET, SUITE 115
MIAMI FL 33173**

Mailing Address

**9260 S.W. 72ND STREET, SUITE 115
MIAMI FL 33173**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RODRIGUEZ, JOSE R
275 FONTAINEBLEAU BLVD.
STE. 135
MIAMI FL 33172**

3. Date Incorporated or Qualified
08/12/1987

3a. Date of Last Report
01/19/1995

4. FEI Number
65-0134984

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(Signature of Registered Agent required for change of registered agent)

(Date)

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3
1. TITLE	PD	☐ DELETE
2. NAME	BERNAL, JUAN, ING.	
3. STREET ADDRESS	9260 S.W. 72ND ST #115	
4. CITY-STATE-ZIP	MIAMI FL	
1. TITLE	VD	☐ DELETE
2. NAME	BERNAL, JUAN I.	
3. STREET ADDRESS	9260 S.W. 72ND ST #115	
4. CITY-STATE-ZIP	MIAMI FL	
1. TITLE	D	☐ DELETE
2. NAME	BERNAL, JOSE A.	
3. STREET ADDRESS	9260 S.W. 72ND ST #115	
4. CITY-STATE-ZIP	MIAMI FL	
1. TITLE	S	☐ DELETE
2. NAME	PALACIO, ARMANDO J.	
3. STREET ADDRESS	9260 S.W. 72ND ST #115	
4. CITY-STATE-ZIP	MIAMI FL	
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of changed, or on an attachment with an address.

SIGNATURE:

Armando J. Palacio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO J. PALACIO SECRETARY

01-25-96

305-271-9900

CR2E034 (12/95)