SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
1996 SEP -3 AM 11:16
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **M60707** **(0)**

1. Corporation Name
THE MORALES HOTELS U.S.A., INC.

Principal Place of Business
18001 COLLINS AVE
NO. MIAMI FL 33160

Mailing Address
18001 COLLINS AVE
NO. MIAMI FL 33160

3. Date Incorporated or Qualified: **10/13/1987**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **65-0017667** — 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

9. Name and Address of Current Registered Agent
MORALES, GERMAN, JR.
18001 COLLINS AVENUE
NORTH MIAMI BEACH, FL 33160

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 (Street Address and Number of Specific Unit) — (NOTE: Registered Agent signature required whenever filing) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DCB	☐ DELETE
NAME	MORALES-MOLINA, GERMAN	
STREET ADDRESS	18001 COLLINS AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH, FL.	
TITLE	VPD	☐ DELETE
NAME	MORALES, ALEJANDRO	
STREET ADDRESS	18001 COLLINS AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	TD	☐ DELETE
NAME	MORALES, JUAN M.	
STREET ADDRESS	18001 COLLINS AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	MORALES, MARIA	
STREET ADDRESS	18001 COLLINS AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	MORALES, MAURICIO	
STREET ADDRESS	18001 COLLINS AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1-8 9/10/96

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-09/11/96--01093--011
****375.00 ****375.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] June 10, 1996 305-932-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

006431 CP