FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # M91869 ORLANDO INTERNATIONAL YOUTH HOSTEL, INC. Principal Place of Business Mailing Address 227 N EOLA DRIVE 227 N EOLA DRIVE C/O JAY BELVIN C/O JAY BELVIN DO NOT WRITE IN THIS SPACE ORLANDO FL 32801 ORLANDO FL 32801 3. Date Incorporated or Qualified 3a. Date of Last Report \_**08/01/1988** FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 26 52-1581470 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zio Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30 Yes ☐ No 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BELVIN, JAY E 227 N EOLA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 600 83 ORLANDO FL 32801 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. **497** 13. DELETE Change Addition TITLE 117016 NAME BELVIN, JAY E. 1.2 NAME 227 N. EOLA ST. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CDY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE. NAME BELVIN, FRANCES T. 2.2 NAME 227 N. EOLA DR. 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANOD FL 2 4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition ☐ Change TITLE 6.1 TITLE

14. I do 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.2 NAME

CIONATURE OF ESTA

NAME

STREET ADDRESS

CITY-ST-ZIP