P10000067454

(Re	questor's Name)		
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(Ad	ldress)		
/A _	dress)		
(Au	ulessy		
(City/State/Zip/Phone #)			
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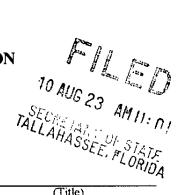
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SECRETARY OF STATE

COVER LETTER •

Division of Corporations	_
SUBJECT: Hospitality Managem	nent Group Inc
	(Name of Corporation)
DOCUMENT NUMBER: P100	00067454
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
Clayton Williams	
(Name of Perso	on)
Hospitality Management Group	Inc
(Name of Firm/Cor	mpany)
3175 Fairways Dr	
(Address)	
Homestead, FL 33035	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Clayton Williams	at (786) 208-2708
(Name of Person)	at (786) 208-2708 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, Dennis Rivera	, hereby resign asVP	LURI
of_ Hospitality Management Gro	up Inc	(Title)
(Nam	e of Corporation)	
P10000067454 (Document Number, if known)	, a corporation organized under the law	s of the State of
Florida	.	
	_	
	(Signature of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314