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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P29579

(0)

1. Corporation Name

GP SOUTHWEST HOTELS, INC.



Principal Place of Business

44-99 MAIN STREET  
2ND FLOOR  
FLUSHING NY 11355  
US

Mailing Address

41-99 MAIN STREET  
2ND FLOOR  
FLUSHING NY 11355-3821  
US

3. Date Incorporated or Qualified

05/31/1990

3a. Date of Last Report

07/24/1996

2. Principal Place of Business

2a. Mailing Address

21 41-99 Main Street

26 Suite, Apt. #, etc.

22 2nd Floor

27 Suite, Apt. #, etc.

23 Flushing NY

28 City & State

24 11355 25 US

29 30 City & State

4. FEI Number

13-3520370

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

HEINEMANN JR., ROBERT W.  
8333 DIX ELLIS TRAIL  
JACKSONVILLE FL 32256

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 or person named in registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME TAI, INJAY W.  
STREET ADDRESS 41-99 MAIN STREET, 2ND FLOOR  
CITY-ST-ZIP FLUSHING NY  
☒ DELETE

TITLE VST  
NAME HEINEMANN, ROBERT W., JR  
STREET ADDRESS 8333 DIX ELLIS TRAIL  
CITY-ST-ZIP JACKSONVILLE FL  
☐ DELETE

TITLE D  
NAME LIN, MICHAEL  
STREET ADDRESS 41-99 MAIN STREET, 2ND FLOOR  
CITY-ST-ZIP FLUSHING NY  
☐ DELETE

TITLE D  
NAME HEINEMANN, ROBERT W., JR  
STREET ADDRESS 8333 DIX ELLIS TRAIL  
CITY-ST-ZIP JACKSONVILLE FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Michael Lin  
1.3 STREET ADDRESS 41-99 Main Street, 2nd Floor  
1.4 CITY-ST-ZIP Flushing, NY 11355  
☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Heinemann Jr. 4/7/97 718-359-4321

Date

Daytime Phone #

CR2E034 (9/96)