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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P40261

1. Corporation Name

I ADRECKE MOTELS II S A CORPORATION

LADBHO	INE MUTELS U.S.A. CORPO	MATION							
Principal Place	a of Business	Mailing Address				-  1   1   1   1   1   1   1   1   1   1		JII BERE UNUN E	#( <b>0</b> #1 0101# 100)
						}			
901 PONCE DE LEON BLVD 901 PONCE DE LEON BLVE 7TH FLOOR 7TH FLOOR			ļ			ļ			
CORAL GABLES FL 33134 CORAL GABLES FL 33134						DO NOT WRITE	N THIS S	SPACE	
US US						3. Date Incorporated or Qualifed	•		
			***			08/28/1992			
Principal Place of Business     2a. Mailing Address					4. FEI Number		_ <del> </del>	plied For	
21 26						13-3435886			ot Applicable
		Suite, Apt. #, etc.				5. Certificate of Status Desired	3	\$8.75	
22 27								Fee Re	<u> </u>
_ ·		City & State				6. Election Campaign Financing	]	\$5.00	
23 28						Trust Fund Contribution		Added 1	o rees
Zip	Country	Zip	Country	у		8. This corporation owes the current		ingible ∐Yes	□No
24	25		30			Personal Property Tax.  10. Name and Address of New Reg			
	9. Name and Address of Curren	t Registered Agent	81	1 8		To. Name and Address of New Neg	isteleu r	Acur	
LIMP	TED CORPORATE SERVICES, INC	^	١٠.	'  '	vallie	<u> </u>			<del></del>
801 NORTHEAST 167TH ST., SUITE 300			82	82 Street Address (P.O. Box Number is Not Acceptable)			)		
			0.0	+					
NORTH MIAMI BEACH FL 33162			83	3					
	;	•	84	4 (	City			85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute			i				<u>FĻ</u>	1 -1 - 10-	
office or r	to the provisions of Sections 607,050, registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida, Such change was au	thorized by	v the	corporation	's board of directors. I hereby accept the	e appoin	tment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Age	ent sic	nature required	when reinstating)	DATE	<u> </u>	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE					Change	Addition
NAME	JARVIS, DAVID		1.2 NAME		1				
STREET ADDRESS	THE PARTY OF THE P		1.3 STREET ADDRESS		ORESS				
CITY-ST-ZIP	WATFORD HE		1.4 CITY-5	ST-Z	Р				
TITLE	VP	DELETE	2.1 TITLE	•	~			☐ Change	☐ Addition
NAME	WALLACE, BRIAN		2.2 NAME	2.2 NAME				,	
STREET ADDRESS	ALLE - OF OFFICE AND OFFICE OFFICE			ET AD	ORESS				
CITY-ST-ZIP	WATFORD HE		2. 4 CITY-	-ST-Z	IP			.•	
TITLE	VPT	☐ DELETE	3.1 TiTLE				,	Change	Addition
NAME	** *		3.2 NAME	3.2 NAME					
	STREET ADDRESS 901 PONCE DE LEON BLVD 7TH FLOOR			3.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL	TH FLOOR	3.3 STREE	E1 AL					
TITLE	TOTAL CAMPERTY	TH FLOOR	3.3 STREE 3.4, CITY-		iP				
	Í VP	TH FLOOR		-ST-Z	IP.			Change	Addition
NAME	Í VP LIFRMAN PALII		3.4. CITY-	-ST-Z	IP			Change	Addition
NAME STREET ADDRESS	LIERMAN, PAUL	☐ OELETE	3.4. CITY- 4.1 TITLE	- ST- Z			<u></u>	Change	☐ Addition
STREET ADDRESS	LIERMAN, PAUL 901 PONCE:DE LEON BLVD, 7	☐ OELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE	-ST-Z	DRESS			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	LIERMAN, PAUL 901 PONCE:DE LEON BLVD, 7 CORAL GABLES FL	☐ OELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME	-ST-Z E ET AD ST-Z	DRESS			☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE	LIERMAN, PAUL 901 PONCE:DE LEON BLVD, 7 CORAL GABLES FL AS	☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S	-ST-Z E ET AD ST-Z	DRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	LIERMAN, PAUL 901 PONCE DE LEON BLVD, 7 CORAL GABLES FL AS CHESTER, GEOFFREY	☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE	ST-Z	DRESS P				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LIERMAN, PAUL 901 PONCE DE LEON BLVD, 7 CORAL GABLES FL AS CHESTER, GEOFFREY MAPLE CT. CENTRAL PARK, R	☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	E ET AD ST-Z	DRESS P ORESS				☐ Addition☐ Addition☐.
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIERMAN, PAUL 901 PONCE DE LEON BLVD, 7 CORAL GABLES FL AS CHESTER, GEOFFREY	☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE	E ET ALL ST-Z	DRESS P ORESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LIERMAN, PAUL 901 PONCE DE LEON BLVD, 7 CORAL GABLES FL AS CHESTER, GEOFFREY MAPLE CT. CENTRAL PARK, R	TH FLOOR  DELETE  REEDS CRESCENT	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5	ET AD ST-Z	DRESS P ORESS			☐ Change	☐ Addition

14. I 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 feceiver 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

C/TY-ST-Z/P

305-444-3444