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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000050215 (1)

INTERLODGE (FLA), INC.

Principal Place of Business Mailing Address 4131 LAGUNA ST 4131 LAGUNA ST									
			CORAL GABLES FL 33146-1408						
						3. Date Incorporated or Qualified 07/19/1993	3a. Da	te of Last Re 29/1996	aport .
2. Principal Place of Business 2a. Mailing Address 21 26			9 4 m/s m/s 4 4 4 4 6 7 m/s 47			4. FEI Number 65-0304713	Applied For Not Applicable		
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
City & Stat	City & State City & State							Fee Re	·
23		28			6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00</b> Added t		
Z <sub>I</sub> p	Country	Zip	Cou	niry		8. This corporation has liability for in		_	199.032,
24	25 Name and Address of Curre	29	30			Florida Statutes L  10. Name and Address of New Reg	-	No Agent	
9. Name and Address of Current Registered Agent MARTIN, PEDRO A					Name	IO. Hallio and Address of Hotel Inc.	10141041	-you	
701 BRICKELL AVE				82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1600					Street Addi	ess (r.O. Dox Number is not Acceptate			
MIAI	MI FL 33131			83					
				В4	City	<u> </u>	FI	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the at	oove-	named corp	oration submits this statement for the p	urpose of	changing it	s registered
office or r agent. La	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505, Fl	autnorized Iorida Stat	utes.	tne corporat	ion's board of directors. I hereby accep	t the app	omment as	registered
SIGNATURE				······			DATE		
12.	Signature: typed or punted name of registered a OFFICERS AL	gent and litle it applicable (NO ND DIRECTORS	13.	1 Agen	it signature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12
Trille	<b>D</b> DELE		1.1 TO	TLE				Change	☐ Addition
NAME	SANCHEZ, GIL G	1.2		1.2 NAME					
STREET ADORESS	4131 LAGUNA ST			1.3 STREET ADDRESS					
CHY-ST ZIP	CORAL GABLES FL 33146	DE DELETE		1.4 CITY - ST - ZIP				Change	Addition
TITLE	D GAVITO, JOSE	DELETE		2.1 TITLE				∐ Change	Aubition
NAME	4131 LAGUNA ST			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	CORAL GABLES FL 33146			2 4 CITY-ST-ZIP					1
THE	D	DELETE	31 TITLE		-			Change	Addition
NAME	JULIAN, GARCIA		3.2 N	AME					
STREET ADDRESS	I		33 STA		address				
CITY- ST - ZIP	COPAL GABLES, FL. 33146			3.4. CITY-ST-ZIP				Change	I Addio-
TITLE	<del></del>			4.1 TITLE				Change	Addition
NAME expect appoint				4.2 NAME 4.3 STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				4.4 CITY-ST-ZIP					
III.E				5.1 TITLE				Change	Addition
NAME	ļ		5.2 N	5.2 NAME					
STREET ADDRESS			5.3 \$1	TREET #	ADORESS				
CITY - ST - 74P				TY-ST	- ZIP			0	T Laure
TITLE		☐ DELETE	6.1 T(					☐ Change	Addition
KANE	į.		6.2 N	AMI:	- 1				

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Loo 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 1

STREET ADDRESS

305-446-1166

**FILED** 

Apr 24 1997 8:00am

Secretary of State