


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

0225995

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90019 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000050215**

1. Corporation Name  
**INTERLODGE (FLA), INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business % BENITO CARMONA 7400 S.W. 50TH TERRACE, SUITE 200 MIAMI FL 33155	Mailing Address % BENITO CARMONA 7400 S.W. 50TH TERRACE, SUITE 200 MIAMI FL 33155
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3. Date Incorporated or Qualified <b>07/19/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0304713</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

**CARMONA, BENITO**  
**7400 S.W. 50TH TERRACE**  
**SUITE 200**  
**MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, GIL G</b>
STREET ADDRESS	<b>C/O BENITA CARMONA 7400 SW 50TH TERR, 200</b>
CITY-ST-ZIP	<b>MIAMI FL 33155</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GARCIA, JULIAN</b>
STREET ADDRESS	<b>C/O BENITA CARMONA 7400 SW 50TH TERR, 200</b>
CITY-ST-ZIP	<b>MIAMI FL 33155</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GARCIA SANCHEZ, GIL</b>
1.3 STREET ADDRESS	<b>C/O BENITO CARMONA 7400 SW 50 TERR.,</b>
1.4 CITY-ST-ZIP	<b>SUITE 200, MIAMI, FL: 33155</b>
2.1 TITLE	<b>DVPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GARCIA SANCHEZ, JULIAN</b>
2.3 STREET ADDRESS	<b>C/O BENITO CARMONA 7400 SW 50 TERR.,</b>
2.4 CITY-ST-ZIP	<b>SUITE 200, MIAMI, FL 33155</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:  **GIL GARCIA SANCHEZ** 3/15/99 (305) 204-3508  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)