

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000057742 (7)

1. Corporation Name  
**EXEL HOTEL MANAGEMENT, CORP.**



Principal Place of Business: 19370 COLLINS AVE APT 1116 MIAMI BEACH FL 33132  
Mailing Address: 19370 COLLINS AVE APT 1116 MIAMI BEACH FL 33132

2. Principal Place of Business  
21 800 N. Atlantic Ave.  
22 Suite, Apt. #, etc.  
23 Daytona Beach FL  
24 Zip 32118  
25 Country USA

3. Date Incorporated or Qualified: 08/13/1993  
3a. Date of Last Report: 04/11/1995  
4. FEI Number: 65-0444632  
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

KATZ, DAVID  
19370 COLLINS AVE  
APT 1116  
MIAMI BCH FL 33132

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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)

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	KATZ, DAVID	
STREET ADDRESS	19370 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33160	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	JAFFEE, MORRIS	
STREET ADDRESS	555 NE 15TH AVE., SUITE 34A	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	JOYCE L. KATZ	
STREET ADDRESS	19370 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33160	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" 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	

200001803092  
05/01/96 01038-017  
\*\*\*800.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ DATE: 4/25/96 DAYTIME PHONE: (305) 935-0166

CR2E034 (12/95)

5-1-96