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 # P93000057742 (7)

EXEL HOTEL MANAGEMENT, CORP.

FILED

Jun 04 1997 8:00am

Secretary of State

					4
Principal Place		Mailing Address			14 80101 01111 18811 18811 81811 1181 118
		19370 COLLINS AVENUE			
DATIONA BEA	OH PL 32118	APT 1116 MIAMI BEACH FL 33160-225	ю		
	•		•	3. Date Incorporated or Qualified	3a. Date of Last Report
				08/13/1993	05/01/1996
2. Principal P	lace of Business	2a. Mailing Address	- a Oth A.	4. FEI Number	Applied For
21			= 29th AL	65-0444632	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	D	City & State			
23	•	28 Aventuro	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	8. This corporation has liability for	
24	25	29 33180	5 USA		Yes No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Re	egistered Agent
KATZ, DAVID 81 Name Kobert Ilene					
l company and a second				Address (P.O. Box Number is Not Acceptal	ble)
APT 1118 1905				052 NE 29 TO AL	ie
MIAMI BCH FL 33132 83					
84 Cily n 85 Zio Code					
			A`	Nentura	- FL 331800
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.					
agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE WOUNT I HENE ROBERT 4/14/91					
12.	Signature, typied or printed name of registered ager OFFICERS AND		Registered Agent signature 13.	required when reinstating) ADDITIONS/CHANGES TO OFFIR	CERS AND DIRECTORS IN 12
TITLE	DPS	DELETE	1.1 TITLE	(V)	Chacas Addition
NAME	KATZ, DAVID		1.2 NAME	KOTZ, DOWID 19052 NEZGIA	7
STREET ADDRESS	19370 COLLINS AVE		1.3 STREET ADDRESS	19052 NEZGMA	ive
CITY-ST-ZIP	MIAMI BCH FL 33160	_	1.4 C(f)Y-\$1 - 7(F)	Aventurg, FL 3	3180
TITLE	VS	DELETE	2.1 TITLE	1/	hange Addition
NAME	JAFFEE, MORRIS	/	2.2 NAME	Katz, Joyce	athan
STREET ADDRESS	555 NE 15TH AVE., SUITE 34A	1	2.3 STREET ADDRESS	19052 NGC	y" Hue
CITY-ST-ZIP	MIAMI FL 33132		2 4 C(1Y+S1-Z(P	Aventua FI	7 33/80
TITLE	DŠT	DELETE	3.1 TITLE	9	Change X Addition
NAME	JOYCE L. KATZ		3.2 NAME	Kobert, Ilene	, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS	19370 COLLINS AVE		3.3 STREET ADDRESS	Robert, Ilene 19052 NE 29th A Aventura, FC	tue
CITY-ST-ZIP	MIAMI BCH FL 33160		3 4. CITY - ST - 7IP	Aventurg, FC	33/80
TITLE		DELETE	4 1 THILE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 C(1Y - ST - Z(P		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	÷	
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP		Change Addition
TOLE		广1 ∩crc₁p	6.1 TITLE		- · .T
NAME			6.2 NAME	00000219 -06/03/97010	13080 (*\J
STREET ADDRESS			6.3 STREET ADDRESS	-06/03/97010	15004 ジャクシー

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 eath; 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.