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Mailing Address
850 IVES DAIRY ROAD

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

850 IVES DAIRY RD

DOCUMENT # P94000022279 (1)

HOSPITALITY BY BRENDA GORDON, INC.

STE 69-305 STE 69-305 MIAMI FL 33179 MIAMI FL 33179-2499 3a. Date of Last Report 3. Date Incorporated or Qualified 03/21/1994 03/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0484147 N.W. 109 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be П 28 Trust Fund Contribution Added to Fees Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of N Name GORDON, BRENDA 850 IVES DAIRY ROAD Street Address 82 SUITE 69-305 104 83 **MIAMI FL 33179** Zip Code 330 2 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 Type-divergence of registered agent and title Lappicable. (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TILLE GORDON, BRENDA 12 NAME CR2E034 NAME 850 IVES DAIRY ROAD STE. 305 T10 13 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 City-St-ZIP CHY-SE-ZIE DELETE Change Addition THEE 21 TITLE 22 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS C01Y - S1 - 21P 2.4 CITY-ST-ZIP DELETE Addition Channe 3.1 TITLE TITLE 3.2 NAME NAME STREET LADORESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CUY-51-20 Change ___ Add:tion DELETE 4.1 TITLE TELL 4. 2 NAMÉ NAMi STEEL LADURESS 4.3 STREET ADDRESS CITY-ST 70P 4.4 CITY - ST - ZIP DELETE Addition Change 5.1 TITLE THEF **5.2 NAME** NAME 5.3 STREET ADDRESS STHEET ADDRESS 5.4 CITY-ST-ZIP City-St. ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STHEE - ADDRESS 64 CITY-ST-ZIP

14. Too 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

ER OR DIRECTOR

information indicated on this armual 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