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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P94000080000 (0)

DOCUM 1. Corporation HOTEL	MENT # <b>P9400</b> 0 ACQUISITIONS, INC.	008000 (0)			I BANN ARII BEKU NIKU BAHA BRU MIN
Principal Place of Business		Mailing Address			
250 VALENCIA AVE. CORAL GABLES FL 33134		250 VALENCIA AVE. CORAL GABLES FL 33134			
				3. Date Incorporated or Qualified 3 11/01/1994	3a. Date of Last Report 07/07/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		APPLIED FOR 65-05	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		TOSE FUNCT COMMODIS	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inta	
24	25	11	30	Florida Statutes Yes 10. Name and Address of New Reg	-
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Heg	Island Agent
	0-0-0-				
MILLER, GEORGE			82 Street	Address (P.O. Box Number is Not Acceptable)	
	250 VALENCIA AVENUE CORAL GABLES FL 33134				
COHAL	SADLES PL 33134		83		
			84 City		Fi 85 Zip Code
or registere familiar wit	od agent, or both, in the State of Hori h, and accept the obligations of, Sec Signific types or are test have of regolations ages	ida: Such chi nge was aumonzec tion 607.0506. Florida Statutes	The above married of by the corporation's	orporation submits this statement for the purporation of directors. Thereby accept the appoint equical when exists at ADDITIONS CHANGES TO OFFICE	DA*t
TITLE	DPST	☐ DELETE	1 1 THLE	D/P/T	Change Addition
NAME	MILLER, GEORGE		1.2 NAME	GEORGE D. MILLER	
STREET ADDRESS	250 VALENCIA AVE.		1.3 STREET ADDRESS	250 VALENCIA AVE	
CITY-S1-ZiP	CORAL GABLES FL 33134		1.4 CHY - \$1 - ZIF	CORAL GABLES FL 3313	4
THILF	V	DELETE	2 1 THLE		Change Addition
NAME	HENNESSY, DAVID C		2.2 NAME		
STREET ADDRESS	22481 PLEASANT PARK RO	AD	2.3 STREET ADDRESS		
CITY - ST - ZIP	CONIFER CO		2.4.Cl*Y+S*-7iF		Chacas D Addition
TITLE	V	C DELETE	3 1 BILE	,	Change Addition
NAME	COOLEY, WILLIAM O	_	3.2 NAME		
STREET ADDRESS	10836 PLEASANT HILL DRIV	E	3.3 STREET ADDRESS		
CiTY-ST-ZiP	POTAMAC MD	T DOLETE	3 4 Cily - SI - 7IF	V/S	Change X Add tion
TITLE		☐ DEFEIE	4 1 TITLE 42 NAME	JOEL S. BERKOWITZ	☐ 4.9.8-
NAME			4.2 NSME 4.3 STREET AUDRESS	2115 KNAAB DRIVE	
STREET ADDRESS			4.4 CITY - S1-ZIP	BOZEMAN MT 59715	
CITY - ST - ZIP		☐ DELETE	5 1 TITLE	A A	☐ Change ☐xAddit on
NAME			5.2 NAME	LYNDA MAHONEY	11
STREET ADDRESS			5.3 STREET ADDRESS	4815 S PINE ROAD	
CITY-ST-7IP			5.4 CITY - ST - ZIP	EVERGREEN CO 80439	
TITLE		☐ DELETE	6 1 T-TLE		Change Addition

64 CH1 - ST-ZIP 14. Too 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter (it or) an attact ment with an address.

6.2 NAMÉ

63 STREET ADDRESS

SIGNATURE: U

TITLE

NAME

STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

03/15/96

303/697-8400