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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name P95000021707 (1) ROCA HOSPITALITY INC

FILED Feb 11 1998 8:00am Secretary of State

	HOSPITALITY, INC.										
Principal Plac		Mailing Address					. 12011241 110 12121 21111 22111 42111 22111 2	10 17501	***************************************	494	
1515 N. FEDE S-300	ERAL HWY	1515 N. FEDERAL HV S-300	VΥ								
BOCA RATON FL 33431 BOCA RATON FL 33431			131				DO NOT WRITE IN	THIS S	PACE		
US		US					3. Date Incorporated or Qualified				
0.00	None of D						03/16/1995				
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number				plied For	
Suite, Apt.	#. etc	Suite. Apt. #, etc.	Suite Apt # etc				65-0576763 Not Applic				
22		27				Certificate of Status Desired		Fe	e Re	quired	
City & Stat	e	City & State					Election Campaign Financing Trust Fund Contribution	٦ .			May Be to Fees
Zip	Country	7ip	T Co	untry			8. This corporation owes or has paid the	=			
24	25	29	30	•			Personal Property Tax due June 30.	_] Yes] No
	9, Name and Address of Cur						10. Name and Address of New Regist		gent		
PA	NAKOS, MICHAEL			81	Name						
1515 N. FEDERAL HWY				82 Street Address (P.O. Box Number is Not Acceptable)							
S-3											
) BO	CA RATON FL 33431			83							
ļ				84	City			E1	85	Zip (Code
11 Purcuent	to the provisions of Sections 607 /	0502 and 607 1508 Florida St	atutes the s	hove	hamed.	corpo	ration submits this statement for the puro	FL.	changi	ina lt	e registered
office or r	egistered agent, or both, in the St	ate of Florida, Such change w	as authorize	ed by	the corp	poratio	ration submits this statement for the purp on's board of directors. I hereby accept th	e appo	intmer	it as	registered
1	in raminar with, and ascept the or	euganons or, accuon 607.0000	, Florida Sia	itutes	١.						
SIGNATURE	Signature, typica or printed name of registerist	agent and tale if applicable ((NOTE Rogister	ed Age	nt signature	required	d when reinstating)	DATE			
12.	OF LICERS	13.				ADDITIONS/CHANGES TO OFFICER					
TITLE	P	☐ DELETE		1.1 TIPLE					☐ Cha	nge	☐ Addition
NAME	PANAKOS, MICHAEL	•••		AME	_						
STREET ADDRESS	1515 N. FEDERAL HWY S.	300			ADDRESS						
CITY-ST-ZIP TITLE	BOCA RATON FL	DELETE	2.11	ITY-S	(-ZIP				Cha	nne	Addition
NAME		L. Ditti		22 NAME						go	Land 1 Marine
STREET ADDRESS			. E		ADORESS						
CITY-ST-ZIP				CITY-S							
TITLE		DELETE	3.1 1	ITLE					Cha	nge	Addition
NAME			3.2 M	IAME							
STREET ADDRESS			3.3 5	TAEET	ADDRESS						
CITY-ST-ZIP				CITY-S	T- <i>Z</i> IP						
TITLE		☐ DELETE	4.1 1					l	Cha	nge	Addition
NAME				NAME							
STREET ADDRESS					ADORESS						
CITY-ST-ZIP		☐ DELETE		ITY-S	T- ZIP				Chai	200	Addition
TITLE NAME		புகார	5.1 T	IAME	1					, No	1-1 /100H(N)
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				ITY-S							٠.
TITLE		DELETE	6.1 T		i-cir				Cha	nge	Addition
NAME		L		IAME				•			
STREET ADDRESS					ADORESS						
J			0.50		. 2011/200						

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 trusted 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 adactment with an address

SIGNATURE: