


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

FILED

Apr 23 1997 8:00am
Secretary of State

		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																							
PROFIT CORPORATION ANNUAL REPORT 1997																									
DOCUMENT # 1. Corporation Name P95000043797 (6)																									
HOSPITALITY CONSULTANTS OF AMERICA, INC.																									
Principal Place of Business 1211 PINE TREE DRIVE INDIAN HARBOR BEACH, FL 32937		Mailing Address 755 DOTTOREL ROAD APT 1104 DELRAY BEACH, FL 33444																							
2. Principal Place of Business 21 DELRAY BEACH, FL Suite, Apt #, etc. 22 APT 1104 City & State 23 DELRAY BEACH, FL Zip 24 33444	2a. Mailing Address 26 755 DOTTOREL ROAD Suite, Apt #, etc. 27 APT 1104 City & State 28 DELRAY BEACH, FL Zip 29 33444	3. Date Incorporated or Qualified 06-07-95	3a. Date of Last Report 																						
4. FEI Number 59-3318982		Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																							
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																							
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
9. Name and Address of Current Registered Agent MAHON, TIMOTHY K 2929 E COMMERCIAL BLVD PH E FT LAUDERDALE, FL 3308		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																							
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) DATE _____																									
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE PD NAME SHAH, CAHMPAKLAL STREET ADDRESS 1211 PINE TREE DRIVE CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937 </td> <td style="width:50%;"> <input checked="" type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> </table>		TITLE PD NAME SHAH, CAHMPAKLAL STREET ADDRESS 1211 PINE TREE DRIVE CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937	<input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> 11 TITLE PD 12 NAME DR. PATEL, ASHWIN 13 STREET ADDRESS 510 CHILD ST. APT # 204 A 14 CITY-ST-ZIP WARREN, RHODE ISLAND 02885 </td> <td style="width:50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		11 TITLE PD 12 NAME DR. PATEL, ASHWIN 13 STREET ADDRESS 510 CHILD ST. APT # 204 A 14 CITY-ST-ZIP WARREN, RHODE ISLAND 02885	<input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <i>Salt</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4.15.97 Daytime Phone #																							

CR2E034 (9/96)