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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096049 (8)

INTERNATIONAL HOSPITALITY ADVISORS, INC. Principal Place of Business Mailing Address 8390 NW 53RD STREET 8390 NW 53RD STREET STE 312 **STE 312** DO NOT WRITE IN THIS SPACE MIAMI FL 33166 MIAMI FL 33166 3. Date Incorporated or Qualified 12/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0638567 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Г Trust Fund Contribution Added to Fees 23 28 Zφ Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SLAY, KELLEY D 8390 NW 53RD STREET Street Address (P.O. Box Number is Not Acceptable) **STE 312** 83 MIAMI FL 33166 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition PSD DELETE 1.1 TITLE ☐ Change TITLE **SLAY. KELLEY** 1.2 NAME NAME 8390 NW 53RD STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP 1.4 City - St - ZIP DELETE Change Addition TITLE 2.1 TITLE PINTO, DEREK NAME 2.2 NAME **8390 NW 53RD STREET** 2.3 STREET ADORESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME

6.4 CITY-ST-ZIP

14. Thereby 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 kustee 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 entacty nery with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CICNIATURE.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

4-78-98 305/592-7808

Change

Change

☐ Addition

Addition

**FILED** 

May 08 1998 8:00am

Secretary of State