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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P96000050952

1. Corporation Name

CALIFORNIA HOSPITALITY GROUP, INC.

Principal Place of Business	Mailing Address
5830 NW 25th Terrace Boca Raton, FL 33496	5830 NW 25th Terrace Boca Raton, FL 33496

3. Date Incorporated or Qualified: June 14, 1996

3a. Date of Last Report: N/A

2. Principal Place of Business
21 5830 NW 25th Terrace
Suite, Apt. #, etc. 22
City & State 23 Boca Raton, FL
Zip 24 33496 Country 25 Palm Beach

2a. Mailing Address
26 5839 NW 25th Terrace
Suite, Apt. #, etc. 27
City & State 28 Boca Raton, FL
Zip 29 33496 Country 30 Palm Beach

4. FEI Number: 65-0671638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

John J. Raymond, Jr.
RAYMOND & RAYMOND, P.A.
1200 North Federal Highway, 411
Boca Raton, FL 33432

10. Name and Address of New Registered Agent

81 Name: Thomas F. Kloberg
82 Street Address (P.O. Box Number is Not Acceptable): 5830 NW 25th Terrace
83
84 City: Boca Raton, FL 85 Zip Code: 33496

11. Pursuant to the provisions of Section 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: Thomas F. Kloberg
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Thomas F. Kloberg 5830 NW 25th Terrace Boca Raton, FL 33496 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	ST Nancy Kloberg 5830 NW 25th Terrace Boca Raton, FL 33496 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Mark Kloberg 5830 NW 25th Terrace Boca Raton, FL 33496 XX DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 900002150209 -04/22/97--01020--057 ***165.00

CR2E034 (9/96)

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: Thomas F. Kloberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1997 (561) 368-2151
Date Daytime Phone #