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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

P96000056933 (0)

MEZA 1	HOSPITALITY, INCORPORA	TED		
Principal Place of Business		Mailing Address		
5076 B LAKE CATALINA DRIVE BOCA RATON FL 33496		5076 B LAKE CATALINA DRIVE BOCA RATON FL 33496-2480		
				3. Date Incorporated or Qualified 3a. Date of Last Report 07/08/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		28		✓ Not Applicable
Suite, Apt, # etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22 City & State		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>23</b> Zip	Country	28	Country	This corporation has liability for Intangible tax under s. 199.032,
24	25	29	30	Florida Statutes
<del></del> -L	9. Name and Address of Curre			10. Name and Address of New Registered Agent
GRAHAM, MAURICE 81 Name / )				Lillian Almonte
331 EAST PROSPECT ROAD			82 Street Ad	dress (P.Q. Box Number is Not Acceptable).
OAKLAND PARK FL 33334			30	16 B Lake Catalina
]			63	
			84 City /	85 Zip Code_,
				0CG /1G100 FL 33496
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.				
agent. La	registered agent, or born, in the statem familiar with, and accept the obti	gations of, Section 607.0505	Elorida Statutes.	ation's board of directors. Thereby accept the appointment as registered
SIGNATURE	bulle	nemor	William	Amonic April 23/97
			NOTE: Registered Agent signature req	
12.		ND DIRECTORS  DELETE	13. 1.1 HITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD NOVITE MOVIMAN	LJ DELETE	1.2 NAME	
NAME CERTIFIED PROCESS	ALMONTE, WILLIAM 5076 B LAKE CATALINA DRI	N/E	1.3 STREET ADDRESS	*.
STREET ADDRESS	BOCA RATON FL 33496	(VE	<b>1</b>	
CITY-ST-ZIP THLE	VSD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME	CAPUTO, SEAN	W) Dittile	2.2 NAME	I manage in the state of the st
STREET ADDRESS	5076 B LAKE CATALINA DRI	ME	2.3 STREET ADDRESS	
CITY-S1-ZIP	BOCA RATON FL 33496	· · ·	2.4 CITY-ST-ZIP	
TITLE	DOOM INTO IT LE OUTOU	DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	<del></del>
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST ZIP			4.4 CITY-ST-ZIP	
TITLE		DETEAL	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
C(1) Y - S1 - 7(P		<b></b>	5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STHEET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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.