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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandrø B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029585 (1)

MAK HOTEL MANAGEMENT, INC.

Principal Place of Business									
2665 SOUTH BAYSHORE DR PENTHOUSE IIA									
MIAMI FL 33133									

2. Principal Place of Business

SIGNATURE:

21

Mailing Address

2a. Mailing Address

26

2665 SOUTH BAYSHORE DR PENTHOUSE IIA MIAMI FL 33133

FILED Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

 Date Incorporated or Qualified 04/01/1997

1-16-98

65 -0747532

Suite, Apt.	#, etc.	Suite, Apt. #, elc.			5.	Certificate of Status Desired	ZZ	\$8.75 / Fee Re			
City & Stat	le	City & State	 			6.	Election Campaign Financing		\$5.00	May Re	
23		28	a)			4	Trust Fund Contribution		Added t		
Ζιρ	Country	Zip	Coul	ntry		8. This corporation owes or has paid the current year Intangible					
24	25 29 30 2. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No] No	
	10. Name and Address of New Registered Agent 811 Name										
sparkman, kendall					Name						
200 SOUTH BISCAYNE BLVD. SUITE 2500 MIAMI FL 33131-2336				82 Street Address (P.O. Box Number is Not Acceptable)							
				83							
				~							
			r	84	City				65 Zip (Code	
44.6	10.000	2 4 607 4500 50-34-50-4					and the state of t	FL			
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 puritied name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE Registere OFFICERS AND DIRECTORS 13.				- Indiana legando		DDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12	
TIPLE	D	☐ DELETE	1.1 T(T	LE.			===:::================================		☐ Change	☐ Addition	
NAME	1 7			ME	_ , _						
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City-St-ZiP	i tuttu er andan				ZIP						
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NAME	BOOD ACHLES		2.2 NAI	ME	}]	
STREET ADDRESS	3020 LM(A) 9 ST. MIAMI FL 3313> 12			REET AL	DDRESS					1	
CITY - ST - 21P				17 - ST -	ZVP						
TITLE	MUE PRESIDENT	DELETE	3.1 TIT	LF					Change	Addition	
NAME	TOSELY MARIA			MΕ	Į					į	
STREET ADDRESS	3031 N. 34th St. 12	lluwood FL 2041	3.3 STF	REET AC	DDAESS						
CITY-ST-ZIP			3.4. CIT	Y-SI-	ZIP						
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TITLE	 	☐ DELETE	6.1 TITL	-	Į.				☐ Change	Addition	
NAME			62 NA								
STREET ADDRESS			63 STA		ſ					}	
CITY-ST-ZIP	notify that the information manufacture	h the the door not for the for	6.4 CIT	Y-ST-	ZIP	ontion	110 07/2V/) Florido Statutos	I further on	etifu that the	information	
indicated officer or a Block 12 of	sertify that the information supplied will on this annual report or supplemental director of the corporation or the rece or Block 13 if changed, or on an atlac	annual report is true and accurate the structure and accurate trustee employered to enhance the structure and the struct	rate and xecule th	that is rep	my signature port as requir	shall red by	have the same legal effect as Chapter 607, Florida Statutes	if made un and that r	der oath; tha ny name app	t I am an pears in	