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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000047811

Prin	cipai	Place (ot Brisine
9605	S.W.	117TH	COURT

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90054 037 ***150.00

HOTELS	ADVISORS, INC.										
Principal Place	of Business	Mailing Addre	ess				IB 1886 1886 8861 68	RI WOLLE DORF W	IBIL (BBB) 184	# 11 06 1 11 0 2 1 06 1	
9605 S.W. 117TH COURT 9605 S.W. 117TH COURT											
MIAMI FL 33186 MIAMI FL 33186											
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		•				3. Date Incorpor					- }
		B 4 - 191 - A	ddes s			05/30/1997 4. FEI Number	<u> </u>		7-17	Applied For	
	ace of Business	2a. Mailing A	ddiess			65-075966	2		<u></u>	lot Applicable	,
Suite, Apt.	# etc	26 Suite, Ap	t # etc							Additional	Ή
22	m, etc.	27	n. 17, 010.			5. Certifcate of S	Status Desired			Required	ļ
City & State	e	City & St	tate	`		6 Election Camp	paign Financing		\$5.0	May Be	7 -
23		28				Trust Fund Co	. •			to Fees	╛
Zip	Country	Zip		Country	/	8. This corporati	on owes the curr	ent year Inta		_	-
24	25	29	3	0		Personal Prop			Yes	□No	_
	9. Name and Address of Curren	nt Registered Age	ent	<u> </u>	- :-	10. Name and A	ddress of New I	Registered A	Agent		-
DALA	ACIO ADMANDO I			81	Name						
	ACIO, ARMANDO J S.W. 17TH COURT			82	Street A	ddress (P.O. Box Numb	er is Not Accepta	able)			
				-	ļ						
MIAIM	II FL 33186			83							
				84	City			FL	85 Zig	Code	
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<u></u>		0 1007.4500.5	FC to Out To			ti aubmita thia a	tatament for the	nurnoen of	changing i	te registered	4
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, F of Florida. Such c	Florida Statutes	the abov	e-named co the corpor	orporation submits this station's board of director	statement for the	purpose of of the appoin	changing i ntment as	ts registered registered	+
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, F of Florida. Such c itions of, Section 6	Florida Statutes hange was aut 607.0505, Florid	the abov horized by da Statutes	re-named co the corpor s.	orporation submits this station's board of director	statement for the	purpose of of the appoin	changing i ntment as	ts registered registered	
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agent. I ai	M familiar with, and accept the obliga	nt and title if applicable.	507.0505, FIORIC	tegistered Age	s. 	quired when reinstating)		DATE			100
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agent. I al	Signature, typed observated name of registered ager OFFICERS AN	nt and title if applicable.	(NOTE: R	egistered Age	s. 	quired when reinstating)		DATE	D DIRECT	ORS IN 12	24 (44 (00)
SIGNATURE 12.	m familiar with, and accept the obligation of th	nt and title if applicable.	(NOTE: R	tegistered Age 13. 1.1 TITLE 1.2 NAME	s. 	quired when reinstating)		DATE	D DIRECT	ORS IN 12	E 1004 (44 (00)
agent. Fail SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed of crinted name of requisered after OF (ICERS AN D PALACIO, ARMANDO J 9605 S.W. 117TH COURT	nt and title if applicable.	(NOTE: R	tegistered Age 13. 1.1 TITLE 1.2 NAME	nt signature req	quired when reinstating)		DATE	D DIRECT	TORS IN 12 a ∏ Addition	DOE004 /
SIGNATURE 12. TITLE NAME	Signature, typed oberinted name of registered ager OF ICERS AN D PALACIO, ARMANDO J	nions of, Section 6	(NOTE: R	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature req	quired when reinstating)		DATE	D DIRECT	TORS IN 12 B ☐ Addition	DOE004 /
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14. I 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, with all other like empowered.

SIGNATURE: __

REQUIREMENT 04-18-99 305-598-5650