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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000058336 (3)

C.L.N. HOSPITALITY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

9703-6 DIXIE HWY STE 2-E MIAMI FL 33156 9703 S DIXIE HWY STE 2-E MIAMI FL 33156

DO NOT WRITE IN THIS SPA

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May 01 1998 8:00am

Secretary of State

					3. Date Incorporated or Qualifie	d		
					07/02/1997			·
2. Principal Pi	ace of Business	28. Mailing Address	. 7	- 57	4. FEI Number	11 4	h	pplied For
106	80 N.W. 25 ST	26 10680 N	· u · L	5 "	65-07697	40		lot Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired				
		City & State	ير سسو		6. Election Campaign Financing \$5.00		) May Be	
3 MIAMI, FL		28 MIAMI FL		Trust Fund Contribution Added to Fees				
<sup>zip</sup> 33/	28 [25] Country	<sup>ZIP</sup> 33/72	Country 30		8. This corporation owes or has Personal Property Tax due Ju	ıne 30. 🏻 💆	Yes	ntangible No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered /	gent	
	escher, m d		81	Name				
	3 S DIXIE HWY STE 2-E		82	Street Add	ress (P.O. Box Number is Not Accep	table)		
MIA	MH FL 33156			. <u> </u>				
			83					
`			84	City			<b>85</b> Zip	Code
# · ·			"	Jily		FL	105   21p	2000
11. Pursuant I	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	e-named corp	poration submits this statement for th	e purpose of	changing	its registered
office or ri agent i a	egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida, Such chari <b>ge w</b> as a tions of Section 607 0505. Flo	iuthorized by irida Statules	the corpora	ition's board of directors. I hereby ac	cept the appo	ointment a	s registered
•	and the standard of the standard of the standard	01, 00011011 001.0000, 110	aa ojailaibi	<del>*-</del>				
BIGNATURE	Signature, typed or printed name of registere, Lagent	not ble it applicable (NOTE	Registered Age	nt signature requi	ired when reinslating)	DATE	····	
2.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
					ADDITIONS/CHANGES TO OF			
ITLE	D	DELETE	1.1 THLE		ADDITIONS/CHANGES TO OF		☐ Change	Addition
í	D Potenza, Carmine	☐ DELETE	1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OF		☐ Change	Addition
HAME	D Potenza, Carmine 9660 SW 106 CT	DELETE	ſ	ADORESS	ADDITIONS/CHANGES TO OF		☐ Change	Addition
NAME Street address	•	☐ DELETE	1.2 NAME		ADDITIONS CHANGES TO OF		☐ Change	Addition
NAME Street address City-St-Zip	9660 SW 106 CT	☐ DELETE	1.2 NAME 1.3 STREET		ADDITIONS CHANGES TO OF		☐ Change☐ Change☐ Change	Addition Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	9660 SW 106 CT MIAMI FL 33176		1.2 NAME 1.3 STREET 1.4 CITY-S		ADDITIONS CHANGES TO OF			
name Street address City-St-Zip Title Name	9660 SW 106 CT MIAMI FL 33176 D		1.2 NAME 1.3 STREET 1.4 CHY-S 2.1 TITLE	T-ZIP	ADDITIONS CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9660 SW 106 CT MIAMI FL 33176 D POTENZA, PATRICIA		1.2 NAME 1.3 STREE1 1.4 CHY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP  ADDRESS	ADDITIONS OF ANGLES TO OF			
name Street address City-St-Zip Title Name	9660 SW 106 CT MIAMI FL 33176 D POTENZA, PATRICIA 9660 SW 106 CT		1.2 NAME 1.3 STREET 1.4 CHY-S 2.1 TITLE 2.2 NAME	T-ZIP  ADDRESS	ADDITIONS/CHANGES TO OF			
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NAME  DITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	9660 SW 106 CT MIAMI FL 33176 D POTENZA, PATRICIA 9660 SW 106 CT	☐ DELETE	1.2 NAME 1.3 STREE1 1.4 CHY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CHY-S 3.1 TITLE	T-ZIP  ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OF		☐ Change	Addition
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NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	9660 SW 106 CT MIAMI FL 33176 D POTENZA, PATRICIA 9660 SW 106 CT	DELETE  DELETE	1.2 NAME 1.3 STREET 1.4 CHY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CHY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CHY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CHY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CHY-S 6.1 TITLE 6.2 NAME	T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS CHANGES TO GE		☐ Change ☐ Change ☐ Change	Addition Addition
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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 of 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:

Contract of

CARMINE PUTENZA FRES

4/13/58 305 (513-4453