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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000058336**

1. Corporation Name
C.L.N. HOSPITALITY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
10680 NW 25TH ST MIAMI FL 33172 US	10680 NW 25TH ST MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/02/1997

4. FEI Number
65-0769740

Applied For / Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address	
21	26	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	
23 City & State	28 City & State	
24 Zip / 25 Country	29 Zip / 30 Country	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
DRESCHER, M D 9703 S DIXIE HWY STE 2-E MIAMI FL 33156	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City / 85 Zip Code	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: _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **D**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **POTENZA, CARMINE**		1.2 NAME		
STREET ADDRESS **9660 SW 106 CT**		1.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL 33176**		1.4 CITY-ST-ZIP		
TITLE **D**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **POTENZA, PATRICIA**		2.2 NAME		
STREET ADDRESS **9660 SW 106 CT**		2.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL 33176**		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
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	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: _SIGNATURE REQUIRED_ 4/9/99 305 513-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)