

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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

997000071471

A B Hotel USA, Inc.

Principal Place of Business

Mailing Address

3737 N.E. 163rd Street
North Miami Beach, FL 33160

3737 N.E. 163rd St.
N. Miami Beach, FL
33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3737 NE 163rd Street	26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 City & State
23 N. Miami Beach, FL	28 City & State
24 Zip	29 Zip
25 Country	30 Country
33160	USA

3. Date Incorporated or Qualified	Applied For
8/18/97	Not Applicable
4. FEI Number	
65-0808897	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent

Shafie Kolahian
3536 N.E. 168th Street, #508
North Miami Beach, Florida 33160

10. Name and Address of New Registered Agent

81 Name	Bruce J. Smoler
82 Street Address (P.O. Box Number is Not Acceptable)	100 S.E. 2nd Street, Suite 2620
83	
84 City	Miami
85 Zip Code	FL 33131

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/98

12. OFFICERS AND DIRECTORS

TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Ayke Rattansey	
STREET ADDRESS	29 The Hythe Staines TW	
CITY-ST-ZIP	18 3JB England	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Shafie Kolahian	
13 STREET ADDRESS	3737 N.E. 163rd Street	
14 CITY-ST-ZIP	N. Miami Beach, FL 33160	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(f), 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/98 (305)949 6840

CR2E034 (10/97)