## -- 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 # P97000087440

Country

INTRASTATE REGISTERED AGENT CORPORATION

9. Name and Address of Current Registered Agent

25

701 BRICKELL AVE SUITE 3000

**MIAMI FL 33131** 

PADC HOSPITALITY CORPORATION I

Principal	Place	of	Business			

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

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Zip

Mailing Address

100 SE SECOND ST #4650 **MIAMI FL 33131** 

100 SE SECOND ST #4650

MIAMI FL 33131

Suite, Apt. #, etc.

2a. Mailing Address

City & State

26

27

28 Zip

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## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90178 015 \*\*\*150.00



	DO NOT WRIT	TE IN T	THIS SPACE
3.	Date Incorporated or Qualifed		
	10/09/1997		
4.	FEI Number		Applied For
	65-0791535		Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required
6.	Election Campaign Financing		\$5.00 May Be

85

Zip Code

	This corporation owes the curren     Personal Property Tax.	it year Intangible	□No
	10. Name and Address of New Reg	gistered Agent	
lame		<del></del>	
Street Ad	dress (P.O. Box Number is Not Acceptable	e)	

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.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	nistered Agent signature (6	Pouried when reinstating) 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	P DELETE	1.1 TITLE		Change	Addition		
NAME	R. DONAHUE PEEBLES	1.2 NAME					
STREET ADDRESS	100 SE SECOND ST #4650	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP					
TITLE	DELETE	2.1 TITLE	W D	☐ Change	Addition		
NAME		2.2 NAME	V.P. Richard Matlof				
STREET ADDRESS:		2.3 STREET ADDRESS	100 SE 2nd St. #4650				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	Miami, FL. 33131				
TITLE	DELETE	3.1 TITLE	Secretary	Change	X Addition		
NAME		3.2 NAME	Michelle Kohler				
STREET ADDRESS		3.3 STREET ADDRESS	100 SE 2nd. St. #4650				
CITY-ST-ZIP		3.4. CITY-ST-ZIP	Miami, FL. 33131				
TITLE	☐ DELETE	4.1 TITLE	772dm2 / 123 33 (3)	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	į	5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ OELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS			ł		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1. 0. 1. 440 07(0)() Flatin Philips 16 the 20				

14. I hereby certify that the information supplied with this fling 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 of the receiver of true true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the Block 12 or Block 13 if an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

R Donahue Peebles

4-28-99