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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 # P97000100546

1. Corporation Name

PADC HOSPITALITY CORPORATION II

								()) (6 6 6 6 16 4 6	101 01313 6 117 1 03 1 111 1111 1 111 1 11	
Principal Place	of Business	Mailing Address			1 10011	M) iệm liktir tomát milžit mi	ATT BOLER HALL &	Airi Allian Ai	TILL BIRIN BILL INR!	
100 S.E. 2ND STREET		100 S.E. 2ND STREET								
SUITE 4650		SUITE 4650			DO NOT WE	ITE IN TUIC	COACE			
MIAMI FL 33131		MIAMI FL 33131		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
					11/26/1	•			}	
2 Principal Pl	ace of Business	2a, Mailing Address	····		4. FEI Numb			-	Applied For	
21 26						65-0809005		<u> </u>	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.7	5 Additional	
22	e _	27			5. Certificate	of Status Desired		Fee	Required	
City & State	9	City & State			6. Election C	ampaign Financing	П	•	0 May Be	
23		28			Trust Fund	1 Contribution		Adde	ed to Fees	
Zip				8. This corporation owes the current year Intangible				F744-		
24	[25]	29 30				Personal Property Tax. Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and	Address of New	Registered	(gent		
Breit, Richard H Esq				or indire						
3111 STIRLING ROAD			82	Street	Address (P.O. Box Nu	ımber is Not Accept	able)			
FT. LAUDERDALE FL 33312			83	1						
								· · · · · ·		
			84	City			FL	85 Zi	ip Code	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND		13.			S/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE					Chang	ge 🗌 Addition	
NAME	PEEBLES, R D		1.2 NAME							
STREET ADDRESS	RESS 100 S.E. 2ND STREET, STE. 4650			1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-5	T-ZIP	_					
TITLE	V	DELETE	2.1 TITLE		Sr. Vice I	President		Chang	ge 🔀 Addition	
NAME	NEWELL, S.P.		2.2 NAME		Richard Ma	atlof				
STREET ADDRESS	100 S.E. 2ND STREET, STE. 46	50			100 SE 2nd	1. St. #4	650			
CITY-ST-ZIP	MIAMI FL 33131	DELETE	2. 4 CITY-	ST- ZIP	Miami, FL.	<u>. 33131</u>		Chang	ge Addition	
TITLE	ST	☐ DELETE	3.1 TITLE						ge	
NAME	KOHLER, MICHELLE		3.2 NAME	T 4000000						
STREET ADDRESS	100 S.E. 2ND STREET, STE. 46	W		T ADDRESS						
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE	3.4. CITY- 4.1 TITLE	51-ZIP				Chang	ge Addition	
TITLE		_ better	4.1 IIICE					•		
NAME STREET ADDRESS				T ADDRESS						
			4.4 CITY-5							
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	,				☐ Chang	ge Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRESS						
CITY-ST-ZIP			5,4 CITY-	ST-ZIP		<u>.</u>				

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 consecution or this 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 attacument with a address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

GNING OFFICER OR DIRECTOR

R Donahue Peebles 4-28-99

305 995-5330

Change

☐ Addition