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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90205 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000030845

1. Corporation Name

HOSPITALITY CONCEPTS, INC.

Principal Place of Business SUITE 805 11900 BISCAYNE BLVD.  
G/O IRVING SHIMOFF  
200 SOUTH BISCAYNE BOULEVARD, SUITE 1050  
MIAMI FL 33131

Mailing Address SUITE 805 11900 BISCAYNE BLVD.  
C/O IRVING SHIMOFF  
200 SOUTH BISCAYNE BOULEVARD, SUITE 1050  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

65-0852165

Applied For

Not Applicable

5. Certificate 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

21 11900 Biscayne Blvd.

Suite, Apt. #, etc.

22 Suite 805

23 City & State  
Miami, Florida

24 Zip Country  
33131 USA

2a. Mailing Address

26 11900 Biscayne Blvd.

Suite, Apt. #, etc.

27 Suite 805

28 City & State  
Miami, Florida

29 Zip Country  
33131 USA

9. Name and Address of Current Registered Agent

SHIMOFF, IRVING  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 1050  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Irving Shimoff  
82 Street Address (P.O. Box Number is Not Acceptable)  
100 SE 2nd St.  
Suite 3920  
83 City Miami FL 85 Zip Code 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President  
NAME Victor Farkas  
STREET ADDRESS 11900 Biscayne Blvd. Suite 805  
CITY-ST-ZIP Miami, Florida 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Farkas 2/16/99 305-893-0772

Date

Daytime Phone #

CR2E034 (1/98)