09-10-1999 90062 024 ... 150.00 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS DOCUMENT # **P98000058304** 99 SEP -9 PM 2: 01 SECKE MAKY OF STATE HEYAT HOSPITALITY GROUP, INC. Principal Place of Business Mailing Address I GROVE ISLE DRIVE 1 GROVE ISLE DRIVE UNIT 1206 COCONUT GROVE FL 33133 DO NOT WRITE IN THIS SPACE COCONUT GROVE FL 33133 3. Date incorporated or Qualifed 06/29/1998 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & Støle \$5.00 May Bo 6. Election Campaign Financing Trust Fund Contribution 20 Added to Fees Zιρ Country Country 8. This corporation owes the current year intangible 30 24 25 29 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEYAT, BOB 82 Street Address (P.O. Box Number is Not Acceptable) 1 GROVE ISLE DRIVE **UNIT 1206** 83 **COCONUT GROVE FL 33133** 84 City 85 Zip 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, Floride Statutes. SIGNATURE Signature, typed or protect name of registered scient and title if analicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TILE 1.1 TITLE Change ☐ Addition NAME HEYAT, BOB 12 NAME 1 GROVE ISLE DRIVE, UNIT 1206 11 STREET ACCORESS STREET ADDRESS CITY-S1-ZIP **COCONUT GROVE FL 33133** 1.4 CITY- 5T- 21P TITLE DELETE 2 1 TITLE Change Addition 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME STREET ADORES 2.3 STREET ADORESS CITY-ST-ZIP 34 CITY-5T-2H DELETE 4.1 TITLE ☐ Change ☐ Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRES CITY-ST-ZP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 61TMLE NAME K 2 NAME 6.3 STREET ADDRESS STREET ADVINCES \$4 CITY-ST-21P CITY-51-ZIP TITLE DELETE & I TITLE ☐ Change Addition NAME TS 4.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZP 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), Floridar Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and section and that my signature shall have the same legal effect as if made under ceth; that I em an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or ps an attachment with an address, with all other like empowered.

OF DIRECTOR

Sign 3

SONATURE AND T

SIGNATURE: _

CR2E034 (11/98)

305/531-5270