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		ANNUAL REPORT
		4000



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCLI							
DOCUMENT # 'P98000068335 1. Corporation Name					FILED		
	WESTON ORLANDO HO	IEL, INC.	99 OCT 21 AM 8: 48				
Principal Place	e of Business	Mailing Address	SECRETARY OF STATE				
983 N. NOB H		•			TALLAHASSEE	e, florida	
PLANTATION F		983 N. NOB HILL RO. PLANTATION FL 33324			140		
					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed 08-05-98	•	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Appli	led For
21		26			65-0953551	Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad	ditional
22	_	27			5, Certificate of Status Desired	Fee Requ	uired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 M	av Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zíp	Country		8. This corporation owes the current year in	ntangible	
24	25	29	30		Personal Property Tax.	☐ Yes ☐	3No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
	PABLO MARULANDA		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	983 N. NobHill Rd.	••					
	Plantation, Fl 333		83				
			1			- In-I	
			84	City	F۱	85 Zip Co	de
						_	
SIGNATURE	/ X NI	>	s, the above thorized by da Statutes	e-named co the corpora	rporation submits this statement for the purpose oution's board of directors. I hereby accept the appo	of changing its re pintment as regis	gistered stered
SIGNATURE	Signure typed or proted name of received age	int and title if applicable. (NOTE: F	Registered Agen		ired wheri reinstating) DATE	·.FJ	
SIGNATURE	Signure typed or proted name of received age	not and title if applicable. (NOTE: R	Registered Agen	i signature requ	rporation submits this statement for the purpose of the sound of directors. I hereby accept the appoint of the sound of directors. I hereby accept the appoint of the sound of	ND DIRECTOR	S IN 12
SIGNATURE 12. TITLE	Signure typed or proted name of received age	int and title if applicable. (NOTE: F	13.	i signature requ	ADDITIONS/CHANGES TO OFFICERS AND DATE	·.FJ	
SIGNATURE 12. TITLE NAME	Signure typed or proted name of received age	not and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	i signature requ	ADDITIONS/CHANGES TO OFFICERS AND PABLO MARULANDA	ND DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signure typed or proted name of received age	not and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADORESS	D.O. PABLO MARULANDA 983 N. NOBHILL Rd.	ND DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signure typed or proted name of received age	nt and tide if applicable (NOTE, F ND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST	ADORESS	ADDITIONS/CHANGES TO OFFICERS AND PABLO MARULANDA	ND DIRECTOR:	S IN 12
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	Signure typed or proted name of received age	not and title if applicable. (NOTE: R	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST	ADORESS	D.O. PABLO MARULANDA 983 N. Nobhill Rd. Plantation, Fl 33324	ND DIRECTORS Change	S EN 12 CR Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signure typed or proted name of received age	nt and tide if applicable (NOTE, F ND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST	ADORESS	D.O. PABLO MARULANDA 983 N. Nobhill Rd. Plantation, Fl 33324	ND DIRECTORS Change Change	S IN 12 CAddition
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6.4 CITY- 31- 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 of suppliemental 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 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 chapted, or on an attachment with an address, with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

HAPPE

STPEET ACORESS!

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

04-30-99

(954) 474-3430



October 14, 1999

Department of State Division of corporations Reinstatement Department P.O. Box 6327 Tallahassee, Fl 32314

To Whom It May Concern:

As per our telephone conversation of today, I would like to request the acceptance of the annual report filings made by as on April 30th. For that porpoise I am enclosing copies of the corrected annual report filing and its payment. (6 X \$150.00 = \$900.00)

On April 30, 1999. We filed the annual report for the following corporations without the required payment. As stated by your office, you had replied to us, to the address of record but unfortanly we did not get them or got lost in our office.

G69819

WESTON ORLANDO HOTEL, INC. P98000068335

AMERILOAN MORTGAGE CORP

WESTON ORLANDO PARK, INC. P98000068333

WESTON ORLANDO FIVE, INC. P98000068823

STRATA CORP. P97000031807

I.D.I. ORANGE, ONC. P95000086777

I want to thank you in advance for your cooperation to this matter.

Cordially,

Pablo Marulanda