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**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S10575 (6)

1. Corporation Name
MDM HOTELS, INC.



Principal Place of Business 8090 S. DADELAND BLVD. MIAMI FL 33158 US	Mailing Address 8090 S. DADELAND BLVD. MIAMI FL 33156-7820 US
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3. Date Incorporated or Qualified 11/02/1990	3a. Date of Last Report 10/04/1996
4. FEI Number 65-0232339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent
**ALLEN, GEORGE F
241 SEVILLA AVENUE
SUITE 1005
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name **CORPORATION COMPANY OF MIAMI**
82 Street Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE Blvd.
83 **1600 Miami Center**
84 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 **Robert C. Somerville, v.p.** (NOTE: Registered Agent signature required when reinstating) **Robert C. SOMMERVILLE, Vice President** DATE **4/28/97**

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	PULENTA, LUIS A.	
STREET ADDRESS	9090 S DADELAND BLVD	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GLAS, RICARDO	
STREET ADDRESS	9090 S DADELAND BLVD	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, GEORGE F.	
STREET ADDRESS	241 SEVILLA AVENUE, SUITE 1005	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PULENTA, LUIS A.	
1.3 STREET ADDRESS	9090 S. DADELAND BLVD	
1.4 CITY-ST-ZIP	MIAMI, FL 33156	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GLAS, RICARDO	
2.3 STREET ADDRESS	9090 S. DADELAND BLVD	
2.4 CITY-ST-ZIP	MIAMI, FL 33156	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GONZALEZ, JOSE	
3.3 STREET ADDRESS	9090 S. DADELAND BLVD	
3.4 CITY-ST-ZIP	MIAMI, FL 33156	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

4/30/97

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*****165.00**

14. I do 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 corrected, and my address is:

SIGNATURE: **Luis A. Puleta** (Signature) **Luis A. PULENTA, President** DATE **4/28/97** (305) 670-3056

Daytime Phone #

CR2E034 (9/96)