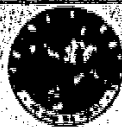


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 3:26

DOCUMENT # S68383 (6)

1. Corporation Name

ALHAMBRA MOTEL GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3021 ALHAMBRA ST
SUITE 102
FORT LAUDERDALE FL 33304

3021 ALHAMBRA ST
SUITE 102
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1991

3a. Date of Last Report

08/15/1994

4. FEI Number

65-0294787

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt # etc

26 Suite Apt # etc

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CINDY GOTTSCHECH~~
~~230 SW RIDGECREST DR~~
~~FT. ST. LUCIE FL 34950~~

81 Name

RAINER ZETU

82 Street Address (P.O. Box Number is Not Acceptable)

3021 ALHAMBRA STREET

83

84 City

FORT LAUDERDALE

FL

85 Zip Code 33304

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 of current or past name of registered agent and the corporation) (Signature of Registered Agent (signature required when replacing)) (Date)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEEBERGER, MANFRED
STREET ADDRESS	KLARAGASSE 18-11
CITY, ST, ZIP	MURNBERG, GERMANY
TITLE	V
NAME	ZETL, RAINER
STREET ADDRESS	KLARAGASSE 18-11
CITY, ST, ZIP	MURNBERG, GERMANY
TITLE	ST
NAME	WOLFGANG STEINER
STREET ADDRESS	SCHUETZEN ST. 21
CITY, ST, ZIP	ZIRNDORF GERMANY 90513
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.01(2)(b), Florida Statutes. I further certify that the information included 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 officer 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.

SIGNATURE:

Rainer Zetl
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95