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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

1. Corporation		# S8829 RIDA HOSPITALIT		( <b>/</b> ) Up incorpo <del>i</del>	RATED		1 1884/1418 1884 1894 1894 1894 1894 1	1414   1214   1414   1414   1414   1414   1414   1414   1414   1414   1414   1414   1414   1414   1414   1414		
Principal Place	of Business		Maili	ing Address				SIAT UEI FIAN III		
5401 KIRKI SUITE 502 ORLANDO US	MAN ROAD		!	5401 KIRKMAN ROA SUITE 502 ORLANDO FL 32819 US	-		3. Date Incorporated or Qualified	3a. Date o		•
2. Principal Pla	ace of Busine	988	2a 1	Mailing Address			10/18/1991 4. FEI Number	<u> </u>	5/01/19	
			26	vicinity 7 to 0 to 55			59-3092017		$\rightarrow$	Applied For Not Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & State	City & State			City & State		6. Election Campaign Financing		\$5.0	May Be	
7 <sub> </sub> p		Country	28	?ip	Cour	ntry	Trust Fund Contribution  8. This corporation has liability for			199.032
]		25	29		30	,		interigitate tex	Unicidi S	199.032,
	9. Name	and Address of Curre	nt Registe	red Agent			10. Name and Address of New F	Registered A	gent	
						81 Name				
	LE, ROBEF				İ	82 Street Ad	ldress (P.O. Box Number is Not Acceptat	ble)		
5401 KIRKMAN ROAD SUITE 502 ORLANDO FL 32819						83				
									<b></b>	
OHERINO I C 02010						84 City		FL	85 Zig	Code
or register familiar wit	ed agent, or i	ons of Sections 607.050; both, in the State of Flori of the obligations of, Sec	ida. Such d	:hange was authoriz	ed by the c	ve-named corp orporation's bo	poration submits this statement for the pu pard of directors. I hereby accept the app	rpose of chan pointment as re	ging its registered	egistered office agent. I am
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SIGNATURE:

TEO NAME OF SIGNING OFFICER OR DIRECTOR SANDONE 2/13/96 (YOT) 351-7077