	OTICE: CORPORATION WILL BE DIE ON OR BEFORE 09/30/98: \$550 (IF DISS							0041477
COF ANNU	CORPORATION ANNUAL REPORT Secreta			B. Mort	RTMENT OF STATE . Mortham y of State JORPORATIONS			
DOCU 1, Corporation	MENT # V02100	- ,-	(8)				98 NOV -2 AM 10: 31	
I	& HOTEL EMPLOYEE'S INC.		(-)				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
) SUNLIN	d Hotel Evirtotee 5 live.						ALLAHASSEE. FLORIDA	
Principal Plac	e of Business	Mailin	g Address		 -		- T I DONI DYFRYL ARING TODRY KLOPY BORILL BOYL OLDRY ATOTI DARKE DIDLY DERKY DIDLI DR	if
5900 SW 73RD STREET							DO NOT WRITE IN THIS SPACE	
US						3. Date Incorporated or Qualified		
							12/20/1991	_
2. Principal F	Place of Business	2a. M	ailing Address				4. FEI Number Applied For 65-0301612 Not Applicable	ie
Suite, Apt.	#, etc.		ıite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional	Ť
22 27 City & State City & State							ree Required	_
23		28	y a otato		=		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	,	$\overline{}$	intry		8. This corporation owes or has paid the current year Intangible	7
24	9 Name and Address of Current	29 Register	od Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THOMAS, LOZA BOHN 11. Name Lola BUCCHA Thomas								
77 NO LEDIGOUGED						ss (P.O. Box Number is Not Acceptable)		
MIAI	WI BEACH FL 33139				7	7 /	N. Hibiscus Drive	_
					83 M	11		
					84 City	1,7	mi FL 85 Zip Code 33/39	7
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 agent. I am familiar with, and accept the objections of, section/607.0505, Florida Statutes. SIGNATURE SIGNATURE								
12.	Signature, typed or printed name of registered egent a OFFICERS AND			TE: Registe	red Agent signate	ura require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	⊣ @
TITLE	DP		DELETE	1.1 71	TLE	1/2	en lent; Director Change Addition	CR2E034 (5/98)
NAME	MILLER, B. E				1.2 NAME		homas, Michael 2.	88
STREET ADDRESS	5900 S.W. 73RD ST., SUITE 303			1.3 STREET ADDRESS 7		N. Hipiscus DRIVE	띯	
CITY-ST-ZIP	MIAM! FL DVPS Delete			2.1 TJ	TY-ST-ZIP	111	C. Pros Apart Nicethe Whange Addition	
NAME	THOMAS, MICHAEL L		CT pereis	2.2 NA		1//		" {
STREET ADDRESS	77 NORTH HIBISCUS DRIVE			2.3 ST	REET ADDRESS	14	Iller, B. E Ste. 303	
CITY-ST-ZIP	MIAMI BEACH FL				TY-ST-ZIP	14	iami PL	4
TITLE NAME	DVP THOMAS, MICHAEL L.		DELETE	3.1 TII 3.2 NA			8000026826954 Additio	<u> </u>
STREET ADDRESS	77 NO. HIBISCUS DR.				REET ADDRESS		-11/06/9801099016	
CITY-ST-ZIP	MIAMI BEACH FL			3.4 CI	TY-ST-ZIP		****758.75 ****758.75	
TITLE			DELETE	4.1 T/7		n	Change Addition	а
NAME STREET ADDRESS				4.2 NA	ME REET ADDRÉSS	, 1	EINSTATEMENT 78	
CITY-ST-ZIP				- 1	TY-ST-ZIP			
TITLE			DELETE	5.1 TIT		Γ	, Change Addition	\exists
NAME				5.2 NA		1	11/-	
STREET ADDRESS				4	REET ADDRESS		12, 115	
CITY-ST-ZIP TITLE		-	DELETE	6.1 TIT	TY-ST-ZIP TLE		☐ Change ☐ Addition	\dashv
NAME				6.2 NA		1	Similes Modulo	
STREET ADDRESS					REET ADDRESS			
CITY-ST-ZIP	wrify that the information supplied with th	is filina da	nes not qualify for th		Y-ST-ZIP	section	n 119.07(3)(i), Florida Statutes. I further certify that the information	-
indicated o	n this annual report or supplied with the	nual reno	et is true and accur	ate and t	hat my signa	ature sh	half have the same legal effect as if made under oath: that I am	1

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 on an attachment with an address.

IGNATURE:

| Signature Shall have the same legal effect as if made under oath; that I am an officer or Block 12 or Block 13 if changed, or on an attachment with an address.

| GNATURE: | Signature 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 Block 12 or Block 13 if changed, or on an attachment with an address.

| GNATURE: | Signature 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 Block 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE: _