

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V46017 (2)**

1. Corporation Name
M.C.G. HOTEL CONSULTANTS, INC.



Principal Place of Business Mailing Address
6831 SW 147TH AVE. S-3G MIAMI FL 33183

21 Principal Place of Business
22 Sub, Apt. #, etc.
23 City & State
24 Zip Country

2a Mailing Address
26 Sub, Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified **06/25/1992**
3a. Date of Last Report **03/30/1995**
4. FEI Number **65-0343009**
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

9. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M.
780 NW LEJEUNE RD.
S-400
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name **MARQUEZ, JOSE M.**
82 Street Address (P.O. Box Number is Not Acceptable) **782 N.W. LEJEUNE ROAD**
83 **SUITE 548 - LEJEUNE CENTER**
84 City **MIAMI** FL 85 Zip Code **33126**

11. Pursuant to the provisions of Sections 607.0102 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 Registered Agent signature required when transferring

12. OFFICERS AND DIRECTORS
D DELETE
NAME **GONZALEZ, MARIA CARIDAD**
STREET ADDRESS **6831 SW 147TH AVE.**
CITY-ST-ZIP **MIAMI FL**
TITLE DELETE
NAME DELETE
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME DELETE
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Maria C Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
MARIA C GONZALEZ

2/6/96 **305-382-9569**
Date Daytime Phone #

CR2E034 (12/95)