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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

6831 SW 147TH AVE.
S-3G
MIAMI FL 33193

Mailing Address

6831 SW 147TH AVE.
S-3G
MIAMI FL 33193-1077

3. Date Incorporated or Qualified	3a. Date of Last Report
06/25/1992	02/09/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		
21		**26**		65-0343009	Applied For	Not Applicable
Suite, Apt #, etc. **22**		Suite, Apt #, etc. **27**		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required	
City & State **23**		City & State **28**		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	
Zip **24**	Country **25**	Zip **29**	Country **30**	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARQUEZ, JOSE M. 782 NW LEJEUNE RD SUITE 548 LEJEUNE CENTER MIAMI FL 33126	**81** Name		
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	**FL**	**85** Zip Code

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, typed or printed name of registered agent and title if applicable　　(NOTE: Registered Agent signature required when reinstating)　　DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**D**	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	**GONZALEZ, MARIA CARIDAD**		1.2 NAME			
STREET ADDRESS	**6831 SW 147TH AVE.**		1.3 STREET ADDRESS			
CITY-ST-ZIP	**MIAMI FL**		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: _Maria C Gonzalez_　　4/7/97　　305-382-9569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA C. GONZALEZ　　Date　　Daytime Phone #