

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V65319**

(8)

1. Corporation Name

MANASSAS INN CO.

FILED
Apr 09, 1996 08:00 AM
Secretary of State



Principal Place of Business

**10653 BALLS FORD RD
MANASSAS VA 22110
US**

Mailing Address

**340 BISCAYNE BLVD
STE 100
MIAMI FL 33132
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., Etc.

Suite, Apt., Etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/21/1992

3a. Date of Last Report

04/17/1995

4. FEI Number

65-0357328

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Prost Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131**

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 607.0102 and 607.1502, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0102, Florida Statutes.

SIGNATURE

Print or type name and address of the registered agent.

Print or type name and address of the registered agent.

12a

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME
**D
CASTERA, BENOIST**
STREET ADDRESS
340 BISCAYNE BLVD, STE 100
CITY, ST, ZIP
MIAMI FL

12.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

12.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

12.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

12.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

12.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 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 included on this annual report or supplier entry 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 13. If changed, I am an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benoist Castera 3-25-96 305-358-0661

DATE

TYPE OR PRINT NAME

CR2E034 (12/95)