## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V65319

(8)

MANASSAS INN CO.

FILED
May 05 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address				
·	- -				
1083 BALLS FORD RD MANASSAS VA 22110	340 BISCAYNE BLVD STE 100				
U\$	MIAMI FL 33132			DO NOT WRITE IN THIS SPACE	
	US			3. Date Incorporated or Qualified	
				09/21/1992	
2. Principal Place of Business 2. Mailing Address 270 N.E. 4t		Street		4. FEI Number Applied For	
[21] [26]				65-0357328 Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
27 City & State City & State				Fee Required	
23 Miami, FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country		Countr		B. This corporation owes or has paid the current year Intangible	
24 25	33132	30	•	Personal Property Tax due June 30. Yes No	
9. Name and Address of Current		1.2.1		10. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI			Name	θ	
201 \$ BISCAYNE BLVD	r	82	Stroo	el Address (P.O. Box Number is Not Acceptable)	
1600 MIAMI CENTER		"	Street Address (r.o. box Humber is 140t Acceptable)		
MIAM! FL 33131		83	9		
		64	1 City	lee   7:- O-d-	
		6	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	ve-name	d corporation submits this statement for the purpose of changing its registered	
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	t Florida. Such change was a ions of, Section 607,0505, Flo	authorizea b orida Statule	by the co es.	orporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE					
Signature, typod or printed name of registered agent	~	Registered A	gent signatu	ure required when reinstating) DATE	
12. OFFICERS AND	· · · · — · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DELETE	1.1 TITLE		V Change Addition	
NAME CASTERA, BENOIST		1.2 NAME		Castera, Benoist	
STREET ADDRESS 340 BISCAYNE BLVD, STE 100		1.3 STREE	t address	2.0 11121 1011 202000	
CITY-ST-ZIP MIAMI FL	DELETE.	1.4 CITY-		Miami, FL 33132	
TITLE	☐ DELETE	2.1 TITLE		P∕D ☐ Change 💢 Addition	
NAME		2.2 NAME		Micangeli, Maurizio	
STREET ADDRESS			T ADDRESS	270 N.E. 4CH Boleet	
CiTY-ST-ZiP	Drutte	2. 4 C/TY	-ST-ZIP	Miami, FL 33132	
TITLE	☐ DELETE	3.1 TITLE		V/D Change Addition	
NAME		3.2 NAME		Tupini, Claudio	
STREET ADDRESS			1 ADDRESS	270 N.E. 4th Street	
CITY-ST-ZIP	DELETE	3.4. CITY -	ST-ZIP	Miami, FL 33132 Change Addition	
TITLE	T ACTUIC	4.1 TITLE		Li Criange Li Adollion	
NAME OVERTIL ADDRESS		4. 2 NAME			
STREET ADDRESS			1 ADDRESS	'	
CITY-ST-ZIP	☐ DELETE	4.4 CITY -	ST-ZIP	Change Addition	
TITLE		5.1 TITLE		Change Addition	
NAME CORPET ADDRESS		5.2 NAME			
STREET ADDRESS		. B	T ADDRESS	' <b> </b>	
CITY-ST-ZIP	DELETE	5.4 CITY- 6.1 TITLE	SI-ZIP	Change Addition	
	(**) OCTUR			El cuande (T vaduton	
NAME CTMET ADDRESS		6.2 NAME			
STREET ADDRESS			T ADDRESS	' <b> </b>	
City-SI-ZIP	this filing close not qualify to	6.4 CiTY-		led in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplied ental annual hyport 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 eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or or an altachment with an address.