

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

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 228686
 1. Corporation Name
Florida Sonesta Corporation

Principal Place of Business 200 Clarendon Street 41st Floor Boston, MA 02116	Mailing Address 200 Clarendon Street 41st Floor Boston, MA 02116
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 10/5/59	3a. Date of Last Report 5/1/96
4. FEI Number 59-1286077	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT Corporation System
 1200 S. Pine Island Road
 Plantation, Florida 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	Van Riel, Boy A. J.	
STREET ADDRESS	200 Clarendon Street, 41st Floor	
CITY-ST-ZIP	Boston, Massachusetts 02116	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	Sonnabend, Peter J.	
STREET ADDRESS	200 Clarendon Street, 41st Floor	
CITY-ST-ZIP	Boston, Massachusetts 02116	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Sonnabend, Stephen	
STREET ADDRESS	350 Ocean Drive	
CITY-ST-ZIP	Key Biscayne, Florida 33149	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	Sonnabend, Roger P.	
STREET ADDRESS	200 Clarendon Street, 41st Floor	
CITY-ST-ZIP	Boston, Massachusetts 02116	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	Rakouskas, David A.	
STREET ADDRESS	200 Clarendon Street, 41st Floor	
CITY-ST-ZIP	Boston, Massachusetts 02116	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Madera, Felix	
STREET ADDRESS	350 Ocean Drive	
CITY-ST-ZIP	Key Biscayne, Florida 33149	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****695.00**

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: _____ **V.P., Secretary and Director** **2/5/97** **(617)421-5410**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)