

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

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90016 027 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** 228686 (2)

1. Corporation Name  
**FLORIDA SONESTA CORPORATION**

Principal Place of Business	Mailing Address
200 Clarendon Street 41st Floor Boston MA 02116	200 Clarendon Street 41st Floor Boston MA 02116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 10/05/1959

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip Country	29 Zip Country
25	30

4. FEI Number 59-1286077 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

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 MA 02116	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SONNABEND, PETER	
STREET ADDRESS	200 CLARENDON STREET 41ST FLOOR	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SONNABEND STEPHEN	
STREET ADDRESS	350 OCEAN DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SONNABEND, ROGER	
STREET ADDRESS	200 CLARENDON STREET 41ST FLOOR	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RAKOUSKAS, DAVID A.	
STREET ADDRESS	200 CLARENDON STREET 41ST FLOOR	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MADERA, FELIX	
STREET ADDRESS	350 OCEAN DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 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	

14. I 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (617) 421-5400  
Date Daytime Phone #

CR2E034 (1/198)