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FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 399312 (8)
1. Corporation Name

FLORIDA M CORPORATION

2. Principal Place of Business
3. Mailing Address



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. 3570 Las Vegas Blvd. South
26. 3570 Las Vegas Blvd. South

27. Suite Apt # etc
28. Suite Apt # etc

29. City & State
30. City & State
31. Las Vegas, Nevada
32. Las Vegas, Nevada

33. Zip
34. 89109
35. Country
36. 89109
37. Country

38. Name and Address of Current Registered Agent
39. Name and Address of New Registered Agent

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

41. 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 must be printed name of registered agent and file if applicable (NOTE: Registered Agent's signature required when renouncing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SGC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RIVERA-SOTO, ROBERTO	1.2 NAME	
STREET ADDRESS	3800 HOWARD HUGHES PKWY, SUITE 1600	1.3 STREET ADDRESS	3570 Las Vegas Blvd. South
CITY-STATE-ZIP	LAS VEGAS NV	1.4 CITY-STATE-ZIP	Las Vegas, NV 89109
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BOYNTON, PETER	2.2 NAME	
STREET ADDRESS	3800 HOWARD HUGHES PKWY SUITE 1600	2.3 STREET ADDRESS	3570 Las Vegas Blvd. South
CITY-STATE-ZIP	LAS VEGAS NV	2.4 CITY-STATE-ZIP	Las Vegas, NV 89109
TITLE	CFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WOOD, DONALD C	3.2 NAME	
STREET ADDRESS	3800 HOWARD HUGHES PKWY SUITE 1600	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LAS VEGAS NV	3.4 CITY-STATE-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BOWMAN, ROBERT	4.2 NAME	
STREET ADDRESS	1330 AVENUE OF THE AMERICAS	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ARASKOG, RAND	5.2 NAME	800002538748
STREET ADDRESS	1330 AVENUE OF THE AMERICAS	5.3 STREET ADDRESS	-05/28/98--01027--050
CITY-STATE-ZIP	NEW YORK NY	5.4 CITY-STATE-ZIP	***150.00
TITLE	VP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WILSON, BETTY M	6.2 NAME	
STREET ADDRESS	3800 HOWARD HUGHES PKWY SUITE 1600	6.3 STREET ADDRESS	3570 Las Vegas Blvd. South
CITY-STATE-ZIP	LAS VEGAS NE	6.4 CITY-STATE-ZIP	Las Vegas, NV 89109

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information included 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 a member 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 or changed or on an attachment with an address

SIGNATURE: Betty M. Wilson 4/27/98 (702) 866-1004