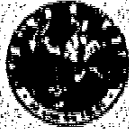


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Candice B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060661 (4)

1. Corporation Name
SHELBORNE OCEAN BEACH HOTEL MANAGEMENT CORP.

Principal Place of Business Mailing Address
**999 WASHINGTON AVENUE 999 WASHINGTON AVENUE
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/30/1993 05/27/1994

4. FEI Number Applied For
65-0427809 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 has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**FILINGS INC.
3732 NORTHWEST 16TH STREET
FORT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name **Abraham A. Galbut**
82 Street Address (P.O. Box Number is Not Acceptable) **499 Washington Ave**
83
84 City **Miami Beach** FL 85 Zip Code **33139**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.1505, Florida Statutes.

SIGNATURE *Abraham A. Galbut*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/19/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GALBUT, ABRAHAM A
STREET ADDRESS	999 WASHINGTON AVENUE
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	D
NAME	WASSERMAN, MARTIN W
STREET ADDRESS	999 WASHINGTON AVENUE
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	T
NAME	DACKOFF, SHILOMO
STREET ADDRESS	5445 COLLINS AVE
CITY - ST - ZIP	MB FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Shilomo Dackoff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95 205-374-7400
Date Daytime Phone #