

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

FILED

**Mar 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019736 (3)
 1. Corporation Name
CLINTON INTERNATIONAL GROUP GULF COAST, INC.



Principal Place of Business 2121 PONCE DE LEON BOULEVARD PENTHOUSE CORAL GABLES FL 33131	Mailing Address 2121 PONCE DE LEON BOULEVARD PENTHOUSE CORAL GABLES FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 21 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 03/01/1996	4. FEI Number 65-0778867 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**MARCUS, STEWART
 2121 PONCE DE LEON BOULEVARD
 PENTHOUSE
 CORAL GABLES FL 33131**

10. Name and Address of New Registered Agent

B1 Name MARCUS, STEWART
B2 Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVENUE, SUITE 700
B3
B4 City COCONUT GROVE
FL B5 Zip Code 33133

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	M <input type="checkbox"/> DELETE
NAME	MARCUS, STEWART
STREET ADDRESS	2121 PONCE DE LEON BOULEVARD, PENTHOUSE
CITY-ST-ZIP	CORAL GABLES FL 33131
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BOGGIO, LLOYD J
STREET ADDRESS	2121 PONCE DE LEON BOULEVARD, PENTHOUSE
CITY-ST-ZIP	CORAL GABLES FL 33131
TITLE	D <input type="checkbox"/> DELETE
NAME	SHACKLETON, NICHOLAS J
STREET ADDRESS	2121 PONCE DE LEON BOULEVARD, PENTHOUSE
CITY-ST-ZIP	CORAL GABLES FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARCUS, STEWART
1.3 STREET ADDRESS	3225 AVIATION AVENUE, SUITE 700
1.4 CITY-ST-ZIP	COCONUT GROVE, FLORIDA 33133
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHACKLETON, NICHOLAS J
3.3 STREET ADDRESS	3225 AVIATION AVENUE, SUITE 700
3.4 CITY-ST-ZIP	COCONUT GROVE, FLORIDA 33133
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.

SIGNATURE: *Marcus Stewart* 1/29/98 (305) 870-8188

CP2E034 (10/97)