

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90102 007 \*\*\*150.00

**DOCUMENT # P9/000050500**

1. Entity Name

**MIAMI CONVENTION HOTEL CORP.**

Principal Place of Business

Mailing Address

4435 OLD WINTER GARDEN RD.  
 ORLANDO FL 32802

C/O AVR  
 ONE EXECUTIVE BLVD  
 YONKERS NY 10701-6822  
 US

2. Principal Place of Business

3. Mailing Address

300 Southeast 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami, FL

4. FEI Number **13-3961032**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

33131

USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUMBERG EXCELSIOR CORPORATE SERVICES, INC**  
 4435 OLD WINTER GARDEN RD.  
 ORLANDO FL 32802

Name

Street Address

FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME VP  
 CHEIKES, VICKI G  
 STREET ADDRESS 1370 AVE OF THE AMERICAS 27TH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10019

TITLE  Change  Addition  
 NAME PRESIDENT  
 ALLAN V. ROSE  
 STREET ADDRESS ONE EXECUTIVE BLVD  
 CITY-ST-ZIP YONKERS, NY 10701

TITLE  Delete  
 NAME ST  
 IDE, FRED  
 STREET ADDRESS ONE EXECUTIVE BLVD  
 CITY-ST-ZIP YONKERS NY 10701

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard L. REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00  
 Date

914-965-3990  
 Daytime Phone #

CR2F034 19/99