


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # 200301
 CARNICON-VENEZUELA HOTEL CONSULTANTS, L.C.
 3250 MARY STREET
 SUITE 500
 MIAMI FL 33133

FILED
 97 APR -3 AM 10:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address
 3250 MARY STREET
 SUITE 500
 MIAMI FL 33133 *mwb*

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/01/1990	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	65-0252096	
		5. Date of Last Report	6. Certificate of Status Desired
		05/01/1996	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
PELTZ, ARVIN, ESQ. 3250 MARY ST. SUITE 500 MIAMI FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) 000002134240---7 Suite, Apt. #, etc. -04704797--01110--002 ****203.75 ****203.75 City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	CSCM MANAGEMENT SERV,	3250 MARY ST., STE. 500	MIAMI FL
MEM	_____	_____	_____
MGR	STURGES, ROBERT	3250 MARY ST., STE. 500	MIAMI FL
MGR	WEISER, SHERWOOD	3250 MARY ST., STE. 500	MIAMI FL
MGR	LEFTON, DONALD	3250 MARY ST., STE. 500	MIAMI FL
MGR	TEMLING W. PETER,	3250 MARY ST., STE. 500	MIAMI FL
MGR	HEWITT, THOMAS F.	3250 MARY ST., STE. 500	MIAMI FL
MEM	CHC HOTELS & RESORTS CORP.	3250 MARY ST., STE. 500	MIAMI FL

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *W. Peter Temling* **3/5/97** **(305) 445-2493**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #