

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

FILED

Mar 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 228686**

1. Corporation Name

Florida Sonesta Corporation

Principal Place of Business  
200 Clarendon Street  
41st Floor  
Boston, MA 02116

Mailing Address  
200 Clarendon Street  
41st Floor  
Boston, MA 02116

3. Date Incorporated or Qualified 10/5/59 3a. Date of Last Report 5/1/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1286077	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

CT Corporation System  
1200 S. Pine Island Road  
Plantation, Florida 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Van Riel, Boy A. J.	1.2 NAME	
STREET ADDRESS	200 Clarendon Street, 41st Floor	1.3 STREET ADDRESS	
CITY-ST-ZIP	Boston, Massachusetts 02116	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sonnabend, Peter J.	2.2 NAME	
STREET ADDRESS	200 Clarendon Street, 41st Floor	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boston, Massachusetts 02116	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sonnabend, Stephen	3.2 NAME	
STREET ADDRESS	350 Ocean Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Key Biscayne, Florida 33149	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sonnabend, Roger P.	4.2 NAME	
STREET ADDRESS	200 Clarendon Street, 41st Floor	4.3 STREET ADDRESS	
CITY-ST-ZIP	Boston, Massachusetts 02116	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rakouskas, David A.	5.2 NAME	
STREET ADDRESS	200 Clarendon Street, 41st Floor	5.3 STREET ADDRESS	
CITY-ST-ZIP	Boston, Massachusetts 02116	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Madera, Felix	6.2 NAME	
STREET ADDRESS	350 Ocean Drive	6.3 STREET ADDRESS	
CITY-ST-ZIP	Key Biscayne, Florida 33149	6.4 CITY-ST-ZIP	

900002123059  
-03/25/97--01009--034  
\*\*\*695.00

14. 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 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:

V.P., Secretary and Director

2/5/97 (617)421-5410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)