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

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

1996 AUG 28 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/27/96--01162--016
*****70.00 *****70.00

DOCUMENT # ****AMENDED****

1. Corporation Name

**ALBERGO CUORE, INC.**

# 589410

| Principal Place of Business | Mailing Address |
|---|---|
| 1711 NEW HAMPSHIRE AVENUE, N.W.<br>WASHINGTON, DC 20009 | 1711 NEW HAMPSHIRE AVENUE, N.W.<br>WASHINGTON, DC 20009 |

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/22/1991

3a. Date of Last Report: 05/01/1995

4. FEI Number: NOT APPLICABLE

5. Certificate of Status Desired [X] **$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. 199.032 (For all Statutes) [ ] Yes [X] No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.**
**1201 HAYES STREET**
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: **CT CORPORATION SYSTEM**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 S. PINE ISLAND ROAD**
83
84 City: **PLANTATION** **FL** 85 Zip Code: **33324**

11. Pursuant to the provisions of Section s 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. Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section

SIGNATURE: Connie Bryan **CONNIE BRYAN**
**SPECIAL ASSISTANT SECRETARY**
8/27/96

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP | President & Director<br>**MEZZANOTTE, MATTHEW N.**<br>**1711 NEW HAMPSHIRE AV NW**<br>**WASHINGTON DC** | [ ] DELETE |
| TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP | Vice-President & Director<br>**MEZZANOTTE GENEVIEVE D.**<br>**1711 NEW HAMPSHIRE AV NW**<br>**WASHINGTON DC** | [ ] DELETE |
| TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP | Secretary & Director<br>**SPIGLER, RICHARD A**<br>**1731 NEW HAMPSHIRE AVENUE, NW**<br>**WASHINGTON DC** | [X] DELETE |
| TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP | | [ ] DELETE |
| TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP | | [ ] DELETE |
| TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP | | [ ] DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

| | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY, ST, ZIP | | [ ] Change [ ] Addition |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY, ST, ZIP | | [ ] Change [ ] Addition |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY, ST, ZIP | | [ ] Change [ ] Addition |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY, ST, ZIP | | [ ] Change [ ] Addition |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY, ST, ZIP | | [ ] Change [ ] Addition |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY, ST, ZIP | | [ ] Change [ ] Addition |

CR2E034 (12/95)

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 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:** M. Mezzanotte (Matthew N. Mezzanotte) President 8/26/96 (202) 463-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR 8/28/96