

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **624438**

(8)

1. Corporation Name  
**CHATEAUBLEAU INN ONE, INC.**



Principal Place of Business

4000 ALTON ROAD  
MIAMI BEACH FL 33140  
US

Mail/Air Mailing Address

4000 ALTON ROAD  
MIAMI BEACH FL 33140

2. Principal Place of Business

2a. Mailing Address

21

26

22. State

27. State

23. City

28. City

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**VOUTSINAS, SPIROS**  
4000 ALTON ROAD  
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified <b>06/26/1979</b>	3a. Date of Last Report <b>02/16/1995</b>
4. FEI Number <b>59-1971591</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.06 and 607.07, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address set forth 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 hereby sworn to accept the appointment as set forth in Section 607.07, Florida Statutes.

SWORN TO

12. OFFICERS AND DIRECTORS

1. NAME	DP	<input type="checkbox"/> OFFICER
2. NAME	VOUTSINAS, TASSOS	<input type="checkbox"/> OFFICER
3. NAME	2035 SW 7 CT.	
4. NAME	BOCA RATON FL	
5. NAME	DV	<input type="checkbox"/> OFFICER
6. NAME	VOUTSINAS, SPIROS	<input type="checkbox"/> OFFICER
7. NAME	4000 ALTON ROAD	
8. NAME	MIAMI BEACH FL	
9. NAME		<input type="checkbox"/> OFFICER
10. NAME		<input type="checkbox"/> OFFICER
11. NAME		<input type="checkbox"/> OFFICER
12. NAME		<input type="checkbox"/> OFFICER
13. NAME		<input type="checkbox"/> OFFICER
14. NAME		<input type="checkbox"/> OFFICER
15. NAME		<input type="checkbox"/> OFFICER
16. NAME		<input type="checkbox"/> OFFICER
17. NAME		<input type="checkbox"/> OFFICER
18. NAME		<input type="checkbox"/> OFFICER
19. NAME		<input type="checkbox"/> OFFICER
20. NAME		<input type="checkbox"/> OFFICER

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
5. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		
9. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		
17. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		

14. I hereby certify that the information reported to the Department of State is true and correct, for the exemption stated in Section 119.07(4)(k), Florida Statutes. I further certify that the information included in this annual report is complete and accurate and that my signature shall have the same legal effect as if made under oath. I am not responsible for the responsibility of the corporation. I hereby consent to enter the this report as required by Chapter 607, Florida Statutes, and that my name appears on the State of Florida Department of State's annual report as required.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**VOUTSINAS, SPIROS**

1-12-96(305)532-4411

CR2E034 (12/95)