



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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90007 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002823 1. Corporation Name CORAL GABLES FLORIDA HOTEL CORP.			
Principal Place of Business 14180 DALLAS PARKWAY SUITE 700 DALLAS TX 75240		Mailing Address 14180 DALLAS PARKWAY SUITE 700 DALLAS TX 75240	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME FISHER, RICHARD L STREET ADDRESS 299 PARK AVENUE CITY-ST-ZIP NEW YORK NY 10017		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VSD NAME EDELMAN, MARTIN L STREET ADDRESS 280 PARK AVENUE CITY-ST-ZIP NEW YORK NY 10017		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE VT NAME KIMCHIK, DAVID STREET ADDRESS 14180 DALLAS PKWY CITY-ST-ZIP DALLAS TX 75240		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE V NAME BROOKS, DAVID A STREET ADDRESS 14180 DALLAS PKWY CITY-ST-ZIP DALLAS TX 75240		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE VD NAME LELAND, MARC STREET ADDRESS 1001 19TH STREET N CITY-ST-ZIP ARLINGTON VA 22209		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE VD NAME BENNETT, MONTY STREET ADDRESS 14180 DALLAS PKWY CITY-ST-ZIP ARLINGTON VA 75240		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99

Date

972-728-5253

Daytime Phone #