


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000007070	
1. Entity Name AREH MIAMI HOTEL OPERATING CORP.	

Principal Place of Business % AMERICAN REAL ESTATE PARTNERS, L.P. 100 SOUTH BEDFORD ROAD MT. KISCO, NY 10549	Mailing Address % AMERICAN REAL ESTATE PARTNERS, L.P. 100 SOUTH BEDFORD ROAD MT. KISCO, NY 10549
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DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4039450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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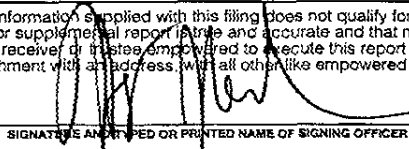
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIRSCH, MARTIN L 767 FIFTH AVE., 47TH FLOOR NEW YORK, NY 10153
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GERARD, HENRY J 100 SOUTH BEDFORD ROAD MT. KISCO, NY 10549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALDARELLI, JOHN P 100 SOUTH BEDFORD ROAD MT. KISCO, NY 10549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/04-80108-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/26/04

Signature Photo # 914-242-7700