

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

**FILED**  
**Feb 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G90146 (3)**

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



Principal Place of Business <b>1111 PONCE DE LEON BLVD.                  CORAL GABLES FL 33134-3321</b>	Mailing Address <b>1111 PONCE DE LEON BLVD.                  CORAL GABLES FL 33134-3321</b>
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<b>2.</b> Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	<b>2a.</b> Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	<b>3.</b> Date Incorporated or Qualified <b>01/26/1984</b>	<b>3a.</b> Date of Last Report <b>06/21/1996</b>	<b>4.</b> FEI Number <b>65-0029133</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>9. Name and Address of Current Registered Agent</b> GRILLAS, TOM 1111 PONCE DE LEON BLVD. CORAL GABLES FL 33134	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD GRILLAS, JIMMY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1111 PONCE DE LEON BLVD.	1.2 NAME	
STREET ADDRESS	CORAL GABLES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P GRILLAS, ATHANASIOS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1111 PONCE DE LEON BLVD.	2.2 NAME	
STREET ADDRESS	CORAL GABLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD GRILLAS, CONSTINO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1111 PONCE DE LEON BLVD.	3.2 NAME	
STREET ADDRESS	CORAL GABLES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)