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

PROFIT . . . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCU	JMENT # H0133	38 (3)		-			
	IESTA SOHO INVESTMENT C	:∩RP.					
					1 1 3 (Bi 400 0500 Bible Bible 0100 010	II BARII BIRII IABI
Principal Pla	and of Ruciness	Mailing Address	··· ·· · · · · · · · · · · · · · · · ·				
John Hancock Tower 200 Clarendon St.		JOHN HANCOCK TOWER 200 CLARENDON ST.					
BOSTON	MA 02116	BOSTON MA 02116			3. Date Incorporated or Qualified	3a. Date of Last R	Report I
					04/24/1984	05/01/19	'
		2a. Mailing Address			4. FEI Number	↓ →	Applied For
21 Suito An	N. H. oto	26	Suite, Apt. #, etc.		59-2421633		Not Applicable
		27 Suite, Apt. #, etc.	TC.		5. Certificate of Status Desired	1 1	Additional Required
	······································		City & State		6. Election Campaign Financino \$5.00 May Re		
23	28				Trust Fund Contribution	1 1	d to Fees
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s 199.032,		
24	25 29 30 30 3. Name and Address of Current Registered Agent		30		Florida Statutes Yes 10. Name and Address of New R	□ No	
	g. Name and Address of Culter	t nogistered Agent	81	Name	10. Name and Address of New H	edisteled Adeut	
CTC	ORPORATION SYSTEM						· · · · · · · · · · · · · · · · · · ·
1200 S. PINE ISLAND ROAD				Street Add	lress (P.O. Box Number is Not Acceptab	ile)	
PLANTATION FL 33324							
" '			84	City		er 7	p Code
				' '		FL	·
11. Pursuar or regis	nt to the provisions of Sections 607.0502 itered agent, or both, in the State of Florid	and 607.1508, Florida Statut	es, the above	named corpo	ration submits this statement for the pur	pose of changing its	registered office
familiar	with, and accept the obligations of, Section	on 607.0505, Florida Statutes	s.	Sordillor 10 Boo	and of directors. Thereby accept the app	SHILLHOIT DO TOGISTOFOC	agone rain
SIGNATURE	Signature, typed or printed name of registered agent a	and the description (MC	TE: Desistered Ass		ed when reinslating)	DA1E	
12.	OFFICERS AND DIRECTORS		13.	on agranora regions	ADDITIONS/CHANGES TO OFF		DRS IN 12
TITLE	CD	DELETE	1. 1 TITLE			☐ Change	☐ Addition
NAME	SONNABEND, ROGER P.		1.2 NAME				
STREFT ADDRES			1.3 STREET ADDRESS				
CITY-ST-ZIP	BOSTON MA		1.4 CiTY -				
TITLE	PD ATTRIBUTE ATTRIBUTE	☐ DELETE	2 1 TITLE			Change	Addition
NAME CAUCET + DODGE	SONNABEND, STEPHEN		2.2 NAME	į			
STHEET ADDRES	S 350 OCEAN DRIVE KEY BISCAYNE FL			I ADDRESS			
CHTY-ST-ZIP TITLE	VSD	☐ DELETE	2.4 CITY - 3. 1 TITLE			Change	Addition
NAME	SONNABEND, PETER J.	-	3.2 NAME				
STREFT ADDRES			3.3 STREI	ET ADORESS			
CiTY-ST-ZIP	BOSTON MA		3.4 CITY-	ST-ZIP			
TITLE	VT	☐ DELETE	4. 1 TITLE			☐ Change	Addition
NAME	VAN RIEL, A. J.		4.2 NAME				
STREET ADDRES				T ADDRESS			
City-St-Zip Title	BOSTON MA	☐ DELETE	4.4 CITY-ST-ZIP			Change	Addition
NAME	RAKOUSKAS, DAVID A	C) perest	5. 1 TITLE 5.2 NAME			☐ change	☐ Addition
STREET ADDRES				T ADDRESS			Ì
CITY-ST-ZIP	BOSTON MA						
TITLE		☐ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE			Change	Addition
NAME			62 NAME				_
STREET ADDRES	s		63 STREE	T ADDRESS			
CITY - ST - ZIP	_		64 CiTY-	ST-ZIP			ľ

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or adoptional 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 chapted or on an attachment with an address.

SIGNATURE: SIGNATURE AND

TETER
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

J. SONNABEND

4/23/96 6/17/2/54/10

CR2E034 (12/95)