

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H01338** (3)
1. Corporation Name
SONESTA MIAMI BEACH HOTEL COMPANY, INC.



Principal Place of Business 200 CLARENDON ST. 41ST FL BOSTON MA 02116	Mailing Address 200 CLARENDON ST. 41ST FL BOSTON MA 02116
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1984	
21		26		4. FEI Number 59-2421633	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24		25		29	
25		29		30	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	C/P/D
NAME	SONNABEND, ROGER P.	1.2 NAME	
STREET ADDRESS	200 CLARENDON ST. 41ST FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02116	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	SONNABEND, STEPHEN	2.2 NAME	
STREET ADDRESS	200 CLARENDON ST. 41ST FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02116	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	
NAME	SONNABEND, PETER J.	3.2 NAME	
STREET ADDRESS	200 CLARENDON ST. 41ST FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02116	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	
NAME	VAN RIEL, A. J.	4.2 NAME	Van Riel, Boy A. J.
STREET ADDRESS	200 CLARENDON ST. 41ST FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02116	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	RAKOUSKAS, DAVID A	5.2 NAME	
STREET ADDRESS	200 CLARENDON ST. 41ST FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02116	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

3/6/98 (617)421-5400

CR2E034 (10/97)