

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:04

DOCUMENT # L83227 (3)

1. Corporation Name
DEL PRADO SUITES, INC.

Principal Place of Business 7301-A W PALMETTO PARK RD SUITE 305C BOCA RATON FL 33433	Mailing Address 7301-A W PALMETTO PARK RD SUITE 305C BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/26/1990	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21. Suite, Apt. #, etc 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc 27. City & State 28. Zip Country	4. FEI Number 65-0202369	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under ss. 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZUCKER, NORMAN P 7301 W PALMETTO PK RD #204A SUITE 305C BOCA RATON FL 33433	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
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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 I accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Norman P. Zucker DATE: 5/31/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKER, NORMAN P	1.2 NAME	
STREET ADDRESS	7301 W PALMETTO PK RD #204A	1.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCIARRETTA, EDMUND C.	2.2 NAME	
STREET ADDRESS	7301-A W PALMETTO PARK	2.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		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 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 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 conduct 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: Norman P. Zucker **NORMAN P. ZUCKER** DATE: 5/31/95 407-368 3343