

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 16 PM 1:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P27089 (2)

1. Corporation Name
SC SUITES CORP.

Principal Place of Business
1251 AVE OF THE AMERICAS
22ND FLR
NEW YORK NY 10020
US

Mailing Address
1251 AVE OF THE AMERICAS
22ND FLR
NEW YORK NY 10020-1104
US

3. Date Incorporated or Qualified 11/30/1989
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
13-3543918

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
STE 105
TALLAHASSEE FL 32301

81 Name

CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS ST.

83

84 City

TALLAHASSEE,

FL

85 Zip Code

32301

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

Deborah D. Skipper
Deborah D. Skipper, Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OGUMA, TAKAHISA
STREET ADDRESS 1251 AVE OF THE AMERICAS 22ND FL
CITY-ST-ZIP NEW YORK NY

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP NEW YORK, NY 10020

TITLE TSD
NAME YASUHIRO, TAKASAKI
STREET ADDRESS 1251 AVE OF THE AMERICAS 22ND FLR
CITY-ST-ZIP NEW YORK NY

2.1 TITLE
2.2 NAME TAKASAKI, YASUHIRO
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP NEW YORK, NY 10020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

YASUHIRO TAKASAKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

(212) 730-5700

Date

Daytime Phone #

0005122

CR2E034 (9/96)