

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

FILED  
Feb 17 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 # **P40037** (4)  
1. Corporation Name  
**BLDG MIAMI HOTEL CORP.**

Principal Place of Business <b>C/O BLDG MANAGEMENT CO. INC. 52 VANDERBILT AVENUE, SUITE 1800 NEW YORK NY 10017</b>	Mailing Address <b>C/O BLDG MANAGEMENT CO. INC. 52 VANDERBILT AVENUE, SUITE 1800 NEW YORK NY 10017</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/13/1992</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>13-3670994</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	
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)

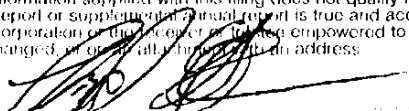
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDMAN, LLOYD</b>	1.2 NAME	
STREET ADDRESS	<b>%52 VANDERBILT AVE, #1800</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SONNENFELDT, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>%52 VANDERBILT AVE, #1800</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDMAN, VICTORIA</b>	3.2 NAME	
STREET ADDRESS	<b>%52 VANDERBILT AVE, #1800</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISRAELOW, MARVIN</b>	4.2 NAME	
STREET ADDRESS	<b>%52 VANDERBILT AVE, #1800</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDMAN, KATJA</b>	5.2 NAME	
STREET ADDRESS	<b>%52 VANDERBILT AVE, #1800</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDMAN, DORIAN</b>	6.2 NAME	
STREET ADDRESS	<b>%52 VANDERBILT AVE, #1800</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	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 secretary or a duly 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 a previously filed annual address.

SIGNATURE:



1/16/98

CR2E034 (10/97)