

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PH 6: 59

DOCUMENT # P93000029688 (7)

1. Corporation Name
AIA BEACH PROPERTY, INC.

Principal Place of Business Mailing Address
**599 LEXINGTON AVE.
26TH FLOOR
NEW YORK NY 10043
US** **% UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH ST., SUITE 300
NORTH MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
04/22/1993 **06/13/1994**

4. FEI Number Applicable Fee
13-3723008 Not Applicable

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

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

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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip 24. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162**

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 _____ DATE _____
(Signature based on printed name of registered agent and then a corporation) (Signature of registered agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CULLEN, THOMAS A.
STREET ADDRESS	599 LEXINGTON AVE., 26TH FLOOR
CITY ST ZIP	NEW YORK NY
TITLE	DVS
NAME	MURANELLI, JOHN R.
STREET ADDRESS	599 LEXINGTON AVE., 26TH FLOOR
CITY ST ZIP	NEW YORK NY
TITLE	DVS
NAME	ALDUINO, JOSEPH M.
STREET ADDRESS	599 LEXINGTON AVE., 26TH FLOOR
CITY ST ZIP	NEW YORK NY
TITLE	VS
NAME	PAN, MARGARET
STREET ADDRESS	599 LEXINGTON AVE., 26TH FLOOR
CITY ST ZIP	NEW YORK NY
TITLE	VS
NAME	PAKRAVAN, PERRY
STREET ADDRESS	599 LEXINGTON AVE., 26TH FLOOR
CITY ST ZIP	NEW YORK NY
TITLE	VS
NAME	SHELLY, LAURIE
STREET ADDRESS	599 LEXINGTON AVE., 26TH FLOOR
CITY ST ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Walsh, Kathleen A	
1.3 STREET ADDRESS	599 Lexington Avenue	
1.4 CITY ST ZIP	New York, New NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/95 212-559-1862
Date Telephone No.