

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000038990

1. Corporation Name

BRUSSELS MOTEL, INC.

Principal Place of Business 100 S.E. 2nd Street 17 Floor Miami, FL 33131	Mailing Address 100 S.E. 2nd Street 17 Floor Miami, FL 33131
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3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 08/20/1996
4. FEI Number 65-0413980	Applied For <input type="checkbox"/> 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 s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDHOFF, JOHN H.
100 S.E. 2nd Street
17 Floor
Miami, FL 33131

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRAO, FRANCISCO CLODOMIR ROCHA	1.2 NAME	
STREET ADDRESS	100 S.E. 2nd Street, 17 Floor	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRAO, ERBENE MARIA	2.2 NAME	
STREET ADDRESS	100 S.E. 2nd Street, 17 Floor	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ESTHER R.	3.2 NAME	
STREET ADDRESS	100 S.E. 2nd Street, 17 Floor	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	AS FRIEDHOFF, JOHN H.
STREET ADDRESS		4.3 STREET ADDRESS	100 S.E. 2nd Street, 17 Floor
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002177657
STREET ADDRESS		6.3 STREET ADDRESS	-05/14/97--01003--020 CS
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00 5/16/97

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:

John Friedhoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Date

Daytime Phone #

CR2E034 (9/96)