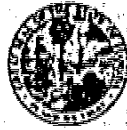


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000070136 (4)

1. Corporation Name

MIRAGE FLORIDA, INC.

95 JAN 31 PM 2:14

Principal Place of Business

Mailing Address

THE MIRAGE
3400 LAS VEGAS BOULEVARD SOUTH
LAS VEGAS NV 89109

THE MIRAGE
3400 LAS VEGAS BOULEVARD SOUTH
LAS VEGAS NV 89109

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/15/1994
3a. Date of Last Report N/A

4. FEI Number 15-0528222
Applied For Not Applicable

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

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

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.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBER, WILLIAM A
C/O HUGHES HUBBARD & REED
801 BRICKELL AVENUE, SUITE 1100
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCO
NAME WYNN, STEPHEN A
STREET ADDRESS 3400 LAS VEGAS BOULEVARD SO
CITY-ST-ZIP LAS VEGAS, NV 89109

1.1 TITLE President, CEO and Director Change Addition

TITLE VSD
NAME LEVIN, BRUCE A
STREET ADDRESS 3400 LAS VEGAS BOULEVARD SO
CITY-ST-ZIP LAS VEGAS NV 89109

2.1 TITLE Vice President and Asst. Secretary Change Addition

TITLE TD
NAME LEE, DANIEL R
STREET ADDRESS 3400 LAS VEGAS BOULEVARD SO
CITY-ST-ZIP LAS VEGAS NV 89109

3.1 TITLE Treasurer and CFO Change Addition

TITLE SD
NAME AGUILERA, BRUCE A
STREET ADDRESS 3400 LAS VEGAS BOULEVARD SO
CITY-ST-ZIP LAS VEGAS NV 89109

4.1 TITLE Asst. Secretary Change Addition

TITLE SD
NAME WYNN, KENNETH R
STREET ADDRESS 3260 SOUTH INDUSTRIAL ROAD
CITY-ST-ZIP LAS VEGAS NV 89109

5.1 TITLE Secretary Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

(Date)

(Typed Name)

Bruce A. Levin

(702) 791-7129