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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000016382 (0)

1. Corporation Name

MIAMI BEACH SUITES, INC.



Principal Place of Business

1177 KANE CONCOURSE
SUITE 210
BAY HARBOR FL 33154

Mailing Address

1177 KANE CONCOURSE
SUITE 210
BAY HARBOR FL 33154

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

81 Name

Martin W. Taplin

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

1177 Kane Concourse, Suite 201

84 City

Bay Harbor

85 Zip Code

FL

33154

11. Pursuant to the provisions of Sections 607.050 and 607.0505, 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, which 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, if applicable, (DO NOT SIGN) Registered Agent's Signature to be provided when not filing.

Martin W. Taplin

March 14, 1996

12. OFFICERS AND DIRECTORS

TITLE President / Director
NAME Martin W. Taplin
STREET ADDRESS 1177 Kane Concourse, Suite 201
CITY-ST-ZIP Bay Harbor, Florida 33154

TITLE Secretary/Treasurer/Director
NAME Jennifer Taplin
STREET ADDRESS 1177 Kane Concourse, Suite 201
CITY-ST-ZIP Bay Harbor, Florida 33154

TITLE
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CITY-ST-ZIP

3.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person or persons authorized to execute this report as provided by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appointment as an agent.

SIGNATURE: By: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 1996 (305)865-5760

CR2E034 (12/95)