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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000066545

1. Corporation Name
THREE HOTELS CORPORATION

Principal Place of Business
1111 LINCOLN ROAD STE 800
MIAMI BCH FL 33139

Mailing Address
1111 LINCOLN ROAD STE 800
MIAMI BCH FL 33139

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

9. Name and Address of Current Registered Agent

HOWARD, EUGENE J
1111 LINCOLN ROAD STE 800
MIAMI BCH FL 33139

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. The change is effective as of the date of this filing.

SIGNATURE

Signature, typed or printed name of registered agent and the state applicable

(NOTE: Registered Agent's name and address must be included)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE

NAME HOWARD, EUGENE J

STREET ADDRESS 1111 LINCOLN RD STE 800

CITY-ST-ZIP MIAMI BCH FL 33139

TITLE D [] DELETE

NAME WEINBERG, JAY

STREET ADDRESS 1111 LINCOLN ROAD STE 800

CITY-ST-ZIP MIAMI BCH FL 33139

TITLE SD [] DELETE

NAME WEINBERG, SCOTT

STREET ADDRESS 1111 LINCOLN ROAD, #800

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 NAME

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 NAME

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 NAME

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 NAME

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 NAME

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(3)(g), 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 make 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99 538-6361

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