


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

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 AUG -9 PM 1:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000058829 1. Corporation Name SIESTA HOTELS PROPERTIES, INC.				DO NOT WRITE IN THIS SPACE	
Principal Place of Business 601 Brickell Key Drive Suite 501 Miami, FL 33131-2651		Mailing Address 601 Brickell Key Drive Suite 501 Miami, FL 33131-2651			
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			
3. Date Incorporated or Qualified 06/29/1998				4. FEI Number 65-0853768	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent Gutierrez, Renaldy J. 601 Brickell Key Drive Suite 501 Miami, FL 33131-2651				10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D, P, S <input type="checkbox"/> DELETE		1.1 TITLE	D, Exec. VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Hoffmann Perez, Fernando		1.2 NAME	Antonietti, Sergio	
STREET ADDRESS	601 Brickell Key Dr., Ste 501		1.3 STREET ADDRESS	601 Brickell Key Drive, Ste. 501	
CITY-ST-ZIP	Miami, FL 33131-2651		1.4 CITY-ST-ZIP	Miami, FL 33131-2651	
TITLE	D, VP <input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Hoffmann, Fernando		2.2 NAME		
STREET ADDRESS	601 Brickell Key Dr., Ste. 501		2.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33131-2651		2.4 CITY-ST-ZIP		
TITLE	AS <input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	de la Cruz, Mario		3.2 NAME	500002959825--2	
STREET ADDRESS	601 Brickell Key Dr., Ste. 501		3.3 STREET ADDRESS	-08/13/99--01105--008	
CITY-ST-ZIP	Miami, FL 33131-2651		3.4 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: _____

Sergio Antonietti
Vice President
8/5/99 (335) 577-4500