
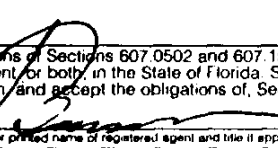
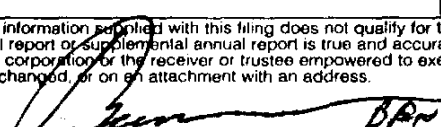


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S06147 (0)					
1. Corporation Name TUDOR HOTEL ASSOCIATES, INC.					
Principal Place of Business 16500 NW 2ND AVENUE MIAMI FL 33169 US			Mailing Address 16500 NW 2ND AVENUE MIAMI FL 33169 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 16450 NW 2nd Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 16450 NW 2nd Ave. Suite, Apt. #, etc.		4. FEI Number 65-0225639	
22 City & State 23 MIAMI FL		27 City & State 28 MIAMI FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33169		25 Country		29 Zip 33169	
26 Country		27 Country		30 Country	
9. Name and Address of Current Registered Agent COHEN, SYDNEY 16500 NW 2ND AVE MIAMI FL 33169			10. Name and Address of New Registered Agent 81 Name BENJAMIN COHEN 82 Street Address (P.O. Box Number is Not Acceptable) 3515 N 30TH TERR 83 84 City HOLLYWOOD FL 85 Zip Code 33031		
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 for 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 PD NAME COHEN, BEN STREET ADDRESS 3515 N 30TH TERR CITY-ST-ZIP HOLLYWOOD FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE S NAME COHEN, SYDNEY STREET ADDRESS 16500 NW 2ND AVE CITY-ST-ZIP MIAMI FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.					
SIGNATURE:  DAN COHEN PRES 4/8/98 305 948 1123					

CR2E034 (10/97)