

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/7/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 8:06

DOCUMENT # S74512 (2)

1. Corporation Name
B.E.A. CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
2500 E HALLANDALE BEACH BOULEVARD SUITE 604 HALLANDALE FL 33009	2500 E HALLANDALE BEACH BOULEVARD SUITE 604 HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/16/1991		3a. Date of Last Report 05/01/1994	
4. FEI Number 65-0277012		Applied For Not Applicable	
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 has liability for violations under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

21. Principal Place of Business 2200 SW 84th AVENUE	22a. Mailing Address 2200 SW 84th AVENUE		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State MIAMI, FL.	28. City & State MIAMI, FL.		
24. Zip 33025	25. Country USA	29. Zip 33025	30. Country USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FIELDSTONE, RONALD R 2601 S BAYSHORE DRIVE 16TH FLOOR MIAMI, FL 33133 FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURLAND, BARRY	1.2 NAME	
STREET ADDRESS	2500 E HALLANDALE BCH BL	1.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORIN MOISES,	2.2 NAME	
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORIN MENDEL,	3.2 NAME	
STREET ADDRESS	2500 E HALLANDALE BCH BLVD #604	3.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORIN, JUAN	4.2 NAME	
STREET ADDRESS	2500 E HALLANDALE BCH BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	4.4 CITY - ST - ZIP	
TITLE		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		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 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)(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 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: Moises Gorin (MOISES GORIN) 6/15/95 (305)450-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
ST. N

DOCUMENT # **S76040** (2)

1. Corporation Name
HOTEL INVESTORS OF ORLANDO, INC.

Principal Place of Business	Mailing Address
44 BRICKELL AVE SUITE 1050 MIAMI FL 33131	44 BRICKELL AVE SUITE 1050 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/27/1991	3a. Date of Last Report 05/26/1994
4. FEI Number 65-0284101	Applied For <input type="checkbox"/> Not Applicable
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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 7193
22 City & State	27 Ft. Lauderdale
23 City & State	28 Ft. Lauderdale
24 ZIP	25 Country
29 33338	30 Country

9. Name and Address of Current Registered Agent

**LEDER, NATHAN I.
444 BRICKELL AVE
SUITE 1050
MIAMI FL 33131**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 FL	B6 Zip Code
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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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BODENHAMER, WILLIAM H JR
STREET ADDRESS	888 SE 3RD AVENUE
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1330 SE 4th Ave, Suite D
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 registered 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: *W.H. Bodenhamer*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-15-95 Date **305-524-6500** Telephone No.