FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V46369** **(7)**

1. Corporation Name

SANDI SHORES MOTEL, INC.

Principal Place of Business	Mailing Address
3008 BAYSHORE DR FT LAUDERDALE FL 33304	3008 BAYSHORE DR FT LAUDERDALE FL 33304

3. Date Incorporated or Qualified: **06/22/1992**

3a. Date of Last Report: **06/07/1995**

4. FEI Number: **65-0347594** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Is this corporation filing for tangible tax under s. 199.032, Florida Statutes? [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, c/o	Suite, Apt. #, c/o
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

RAMOUTAR, SAMARU
3008 BAYSHORE DR
FT LAUDERDALE FL 33304

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 Section 607.0502, 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. The above registered agent has consented to the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	[ ] Change [ ] Addition
NAME	RAMOUTAR, SAMARU		
STREET ADDRESS	3008 BAYSHORE DR		
CITY-ST-ZIP	FT LAUDERDALE FL		
TITLE	D	[ ] DELETE	[ ] Change [ ] Addition
NAME	MOTILAL, ROSALIND		
STREET ADDRESS	3008 BAYSHORE DR		
CITY-ST-ZIP	FT LAUDERDALE FL		
TITLE		[ ] DELETE	[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] DELETE	[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] DELETE	[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] DELETE	[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is true and accurate and that my electronic 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 of this report or supplemental report.

SIGNATURE: Motilal ROSALIND MOTILAL 3/26/96 954-728-8849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)