

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 # **V61669 (0)**

1. Corporation Name
BV HOTEL & SPA ACQUISITION, INC.



Principal Place of Business Mailing Address
1428 BRICKELL AVENUE SUITE 208 MIAMI FL 33131

3. Date incorporated or Qualified **09/03/1992** 3a. Date of Last Report **04/21/1995**
4. FFI Number **65-0364553** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**TRELLES, ALBERTO N ESQ.
999 PONCE DE LEON BLVD.
~~SUITE 1000~~ PENTHOUSE - SUITE 1150
CORAL GABLES, FL 33134**

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 _____ DATE _____
Signature (typed for printed name of registered agent and title, if applicable) DATE (typed for printed name and address of registered agent)

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	MALAVE, ADOLFO	
STREET ADDRESS	1428 BRICKELL AVE.	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	100001840871
3.3 STREET ADDRESS	-05/28/96--01034--040
3.4 CITY - ST - ZIP	***225.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of this report, or on an attachment with an address.

SIGNATURE: *Adolfo Malave*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/96 (305) 445-4668
DATE AND PHONE NUMBER

CR2E034 (12/95)

**POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENTS**


That I, **Adolfo Malave**, as **President for BV HOTEL & SPA ACQUISITION**, have made, constituted and appointed, and by these presents does make, constitute and appoint **ALBERTO N. TRELLES** true and lawful attorney for them and in their name, place and stead:


TO EXECUTE ANY AND ALL DOCUMENTS REQUIRED IN ORDER TO COMPLY WITH THE CORPORATION ANNUAL REPORT.

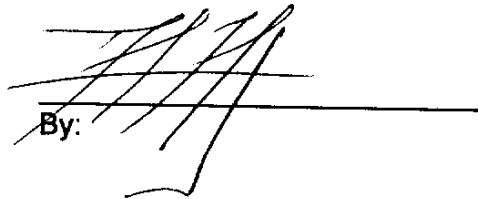
giving and granting unto **ALBERTO N. TRELLES** said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that **ALBERTO N. TRELLES** said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, We have hereunto set our hands and seals the 14 day of MAY, 1996.

Sealed and delivered in the presence of





By: 

**State of Florida
County of Dade**

Be It Known, That on the 14 day of MAY, 1996, before me, ALBERTO N. TRELLES a NOTARY PUBLIC in and for the State of FLORIDA duly commissioned and sworn, dwelling in the City of Miami, County of DADE, personally came and appeared ADOLFO MALAVE as PRESIDENT of **BV HOTEL & SPA ACQUISITION, INC.**, to me personally known, and known to me to be the same persons described in and who executed the within power of attorney, and acknowledged the within power of attorney to be the act and deed.

In Testimony Whereof, I have hereunto subscribed my name and affixed my seal of office the day and year last above written.