

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 # 228686 (2)

1. Corporation Name
FLORIDA SONESTA CORPORATION



Principal Place of Business: 200 CLARENDON STREET JOHN HANCOCK TOWER BOSTON MA 02116
Mailing Address: 200 CLARENDON STREET JOHN HANCOCK TOWER BOSTON MA 02116

3. Date Incorporated or Qualified: 10/05/1959
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1286077
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	VAN RIEL, BOY A.J.	
STREET ADDRESS	200 CLARENDON ST.	
CITY-ST-ZIP	BOSTON, MASS 0	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SONNABEND, PETER	
STREET ADDRESS	200 CLARENDON STREET	
CITY-ST-ZIP	BOSTON, MASS 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SONNABEND, STEPHEN	
STREET ADDRESS	350 OCEAN DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SONNABEND, ROGER	
STREET ADDRESS	200 CLARENDON STREET	
CITY-ST-ZIP	BOSTON, MASS 0	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RAKOUSKAS, DAVID A.	
STREET ADDRESS	200 CLARENDON ST.	
CITY-ST-ZIP	BODTON MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MADERA, FELIX	
STREET ADDRESS	350 OCEAN DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	

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	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter J. Sonnabend
Peter J. Sonnabend 4/23/96 (617) 421-5410

Date

Daytime Phone

CR2E034 (12/95)