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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005663

1. Corporation Name

MANDARIN ORIENTAL MIAMI, INC.

Principal Place of Business									
222 SANSOME ST.									
SAN EDANCISCO CA GAION									

Mailing Address

222 SANSOME ST. SAN FRANCISCO CA 94104

FILED Apr 25, 1999 8:00 am Secretary of State 04-25-1999 90006 011 ***300.00



						DO NOT WRITE IN THIS SPACE					
						Date Ir corporated or Qualifed 10/28/1997					
2 Principa Pl	ace of Business	2a. Mailing Address				4. FEI Numbe	г		.	Appl	ied For
21 501	BRICKELL KEY Dr	26				51-03678	340			Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.							\$8.	75 Ad	ditional
	ÖÖ	27				5. Certifcate o	f Status Desired		Fe	e Rec	uired
City & State		City & State				€ Floation Ca	mpaign Financing		\$5	.00 M	lav Be
— , K`A .	MI TL	28				1 **	Contribution		-	ded to	
23 VITA	Courtry	Zip	Cor	intry			ation owes the curre	nt vear nta			
	1-7 I - 116A	29	30	,		1	roperty Tax.	THE YOUR THO	Yes	; <u>}</u>	No
24 5 2	9. Name and Address of Current		30				Address of New Re	eaistered A	aent		
	9. Name and Address of Current		81	Name	10, 112						
CT	CORPORATION SYSTEM										
			82	Street	Acdress (P.O. Bo» Nur	nber is Not Acceptal	ble)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324											
FLA	TAILON I E SOUET			83							
				84	City				85	Zip C:	ode
					•			<u>FL</u>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statt tes, 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.											
SIGNATUF:E								DATE			
	Signature, typed or printed name of registered agent			Agen	t signature r	required when reinstating)	CHANGES TO OFF		D DIB	CTO	S IN 12
12.	OFFICERS AND	DELETE	13.			ADDITIONS	CHANGES TO OFF	ICERS AND	☐ Ch		Addition
TITLE	CP	M DECE IE	1.1 TI							u.,go	
NAME	RILEY, ROBERT E		1.2 N	AME							
STREET ADDRESS	281 GLOUCESTER RD., CAUSE	NAY BAY	135	TREET	ADDRESS						
CITY-ST-ZIP	HONG KONG, CHINA		14 C	ITY-S1	r- ZIP				-327		
TITLE	D	☐ DELETE	2.1 T	TLE		D/P			≥ Ch	ange	Addition
NAME	BURNETT, STUART M		2.2 N			Burnett, Stu					
STREET ADDRESS	281 GLOUCESTER RD., CAUSEWAY BAY			TREET	ADDRESS	281 Gloucest	1 Gloucester RD., Causeway Bay				
CITY-ST-ZIP	HONG KONG, CHINA		2.40	ITY-S	T-ZIP	Hong Kong.	China	_			
TITLE	DT	☐ DELETE	3.1 T	TLE					☐ Ch	ange	☐ Addition }
NAME	LA MONT, CYNTHIA		3.2 N	AME							
STREET ADDRESS	222 SANSOME ST.		33S	TREET	ADDRESS						
CITY-ST-ZIP	SAN FRANCISCO CA 94104		3.4.0	ITY-S	T-ZiP						
TITLE	S	☐ DELETE	41T	-					Ch	ange	Addition
NAME	LOKE, KIT CHOY	_	4.21								Ì
	TWO EMBARCADERO CENTER.	STE 2100			ADDRESS						
STREET ADDRESS	SAN FRANCISCO CA 94111	012. 2100									
CITY-ST-ZIP	D	□ DELETE	51T	ITY-SI	1-ZIP				□ Ch	ange .	Addition
TITLE .	HULTNER, WOLFGANG K	_ Section	5.2 N						_	•	-
NAME	222 SANSOME ST.				ADDRESS						1
STREET ADDRESS											
CITY-ST-ZIP	SAN FRANCISCO CA 94104	C per ere	6.1 T	ITY-SI	1 · ZIF	D			☐ Ch	ange	X Addition
TITLE		☐ DELETE	1							unge	A) / KIGIKON
NAME			6.2 N			Witt, John					
STREET ADDRESS			6.3 S	TREET	FADDRESS	281 Glouces	ter RD C	ausewa	v R	a v	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block I2 or Block 13 if Changed, or of an attachment with all other like empowered.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE R OR DIRECTOR

1.18.9

415-276-9686

Daytime Phone #

R2E034 (11/98