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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90173 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 858300

1. Corporation Name
CLUB MED SALES, INC.

Principal Place of Business	Mailing Address
40 W. 57TH STREET NEW YORK CITY NY 10019 US	40 W. 57TH ST NEW YORK CITY NY 10019 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/01/1983

2. Principal Place of Business	2a. Mailing Address
21 75 Valencia Avenue	26 75 Valencia Avenue
Suite, Apt. #, etc. 22 12th Floor	Suite, Apt. #, etc. 27 12th Floor
City & State 23 Coral Gables, Florida	City & State 28 Coral Gables, Florida
Zip / Country 24 33134 25 U.S.A.	Zip / Country 29 33134 30 U.S.A.

4. FEI Number: 13-2556340 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	BYSTROM, JAYNE		1.2 NAME	Kamal Shah	
STREET ADDRESS	40 WEST 57TH ST.		1.3 STREET ADDRESS	75 Valencia Avenue, 12th Floor	
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	S	☒ DELETE	2.1 TITLE	D, CFO, V	☐ Change ☒ Addition
NAME	DONAT, MARSHALL		2.2 NAME	Mark Rinder	
STREET ADDRESS	40 WEST 57TH ST.		2.3 STREET ADDRESS	75 Valencia Avenue	
CITY-ST-ZIP	NEW YORK NY 10019		2.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	D	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	MARTIN, YVES		3.2 NAME	Mark Kammerer	
STREET ADDRESS	40 WEST 57TH ST.		3.3 STREET ADDRESS	75 Valencia Avenue, 12th Floor	
CITY-ST-ZIP	NEW YORK NY 10019		3.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	CFO	☒ DELETE	4.1 TITLE	S, V	☐ Change ☒ Addition
NAME	AU YEONG, HOH KOON		4.2 NAME	Eileen Kirsch	
STREET ADDRESS	40 W. 57TH STREET		4.3 STREET ADDRESS	75 Valencia Avenue, 12th Floor	
CITY-ST-ZIP	NEW YORK NY 10019		4.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	DP	☒ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	JORDAN, ANDREW		5.2 NAME	Robert Blumberg	
STREET ADDRESS	40 W 57TH STREET		5.3 STREET ADDRESS	75 Valencia Avenue, 12th Floor	
CITY-ST-ZIP	NEW YORK NY 10019		5.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	Rae Hanneman	
STREET ADDRESS			6.3 STREET ADDRESS	75 Valencia Avenue, 12th Floor	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Coral Gables, Florida 33134	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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, with all other like empowered.

SIGNATURE: Eileen Kirsch Secretary 4/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)