FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Apr 17 1997 8:00am
Secretary of State

DOCUMENT # G71063

1. Corporation Name

BIC HOTEL MANAGEMENT, INC.

Principal Place of Business
150 S.E. 2nd Av.
Suite 806
Miami, FL 33131

Mailing Address
150 S.E. 2nd Av.
Suite 806
Miami, FL 33131

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business (21)
2a. Mailing Address (26): 701 Brickell Ave.
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27): Suite 3000
City & State (23)
City & State (28): Miami, FL
Zip (24) | Country (25)
Zip (29): 33131 | Country (30): USA

4. FEI Number: 59-2347057 — 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

9. Name and Address of Current Registered Agent
Salinas, Jose
150 S.E. 2nd Av.
Suite 806
Miami, Florida 33131

10. Name and Address of New Registered Agent
81 Name: INTRASTATE REGISTERED AGENT CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave., Suite 3000
83
84 City: Miami FL 85 Zip Code: 33131

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. INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE: STEVEN H. HAGEN, VICE PRESIDENT — (NOTE: Registered Agent signature required when reinstating) — DATE: 4-2-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Barcelo Vadell, Simon P.	1.2 NAME	
STREET ADDRESS	Robert Motta 22	1.3 STREET ADDRESS	
CITY-ST-ZIP	Palma de Mallorca, SP.	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Barcelo Tous, Simon	2.2 NAME	
STREET ADDRESS	Robert Motta 22	2.3 STREET ADDRESS	
CITY-ST-ZIP	Palma de Mallorca, SP.	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Barcelo, Maria A.	3.2 NAME	
STREET ADDRESS	Robert Motta 22	3.3 STREET ADDRESS	
CITY-ST-ZIP	Palma de Mallorca, SP.	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Barcelo Tous, Antonia	4.2 NAME	
STREET ADDRESS	Robert Motta 22	4.3 STREET ADDRESS	
CITY-ST-ZIP	Palma de Mallorca, SP.	4.4 CITY-ST-ZIP	
TITLE	M ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Santos, Luis	5.2 NAME	100002147141 -04/17/97--01101--055 ***165.00
STREET ADDRESS	1228 West Ave., #606	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Bch, FL	5.4 CITY-ST-ZIP	
TITLE	C ☒ DELETE	6.1 TITLE	V ☐ Change ☐ Addition
NAME	Salinas, Jose	6.2 NAME	Scott, Charles
STREET ADDRESS	150 SE 2nd Ave., #606, Miami,FL	6.3 STREET ADDRESS	2121 P. Street, N.W.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Washington, DC 20037

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: Charles W. Scott, V. P. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 04/07/97 — Daytime Phone #: (202) 956-6620

CORPORATION (12/95)