

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90010 043 \*\*\*150.00

**DOCUMENT # P96000048769**

1. Entity Name  
**INTERAMERICAN HOTELS CORP.**

Principal Place of Business <b>340 BISCAYNE BLVD.          SUITE 100          MIAMI FL 33132</b>	Mailing Address <b>270 NE 4TH STREET          SUITE #100          MIAMI FL 33132          US</b>
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**J I U I O Y**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0676854</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MICANGELI, MAURIZIO 270 NE FOURTH STREET MIAMI FL 33132</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TUPINI, CLAUDIO 270 NE FOURTH STREET MIAMI FL 33132</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CASTERA, BENOIST 270 NE FOURTH STREET MIAMI FL 33132</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CORBEDDU, AMTONIO 270 NE FOURTH STREET MIAMI FL 33132</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAROCHÉ, RICHARD F 2103 SHANNON DR. MURFREESBORO TN 37129</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRIEDBAUER, ROGER 201 S. BISCAYNE BLV., 1500 MIAMI CTR. MIAMI FL 33131</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my name is the name of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

*Benoist Castera*  
 Date \_\_\_\_\_ Daytime Phone # **305-358-0661**

CR2E034 (10/00)