

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90049 012 ***150.00

1463776 AV

DOCUMENT # P96000048769

1. Entity Name
INTERAMERICAN HOTELS CORP.

Principal Place of Business 340 BISCAYNE BLVD. SUITE 100 MIAMI FL 33132	Mailing Address 270 NE 4TH STREET SUITE #100 MIAMI FL 33132 US
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932189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0676854	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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
State 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, 2002 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	PD <input type="checkbox"/> Delete
NAME	MICANGELI, MAURIZIO
STREET ADDRESS	270 NE FOURTH STREET
CITY-ST-ZIP	MIAMI FL 33132
TITLE	VD <input type="checkbox"/> Delete
NAME	TUPINI, CLAUDIO
STREET ADDRESS	270 NE FOURTH STREET
CITY-ST-ZIP	MIAMI FL 33132
TITLE	V <input type="checkbox"/> Delete
NAME	CASTERA, BENOIST
STREET ADDRESS	270 NE FOURTH STREET
CITY-ST-ZIP	MIAMI FL 33132
TITLE	D <input type="checkbox"/> Delete
NAME	CORBEDDU, ANTONIO
STREET ADDRESS	270 NE FOURTH STREET
CITY-ST-ZIP	MIAMI FL 33132
TITLE	D <input type="checkbox"/> Delete
NAME	LAROCHE, RICHARD F
STREET ADDRESS	2103 SHANNON DR.
CITY-ST-ZIP	MURFREESBORO TN 37129
TITLE	D <input type="checkbox"/> Delete
NAME	FRIEDBAUER, ROGER
STREET ADDRESS	201 S. BISCAYNE BLVF., 1500 MIAMI CTR.
CITY-ST-ZIP	MIAMI FL 33131

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-02 (305)358-0661
 Date Daytime Phone #

CR2E034 (9/01)