

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90020 034 \*\*\*150.00



**DOCUMENT # P96000048769**  
 1. Entity Name  
**INTERAMERICAN HOTELS CORP.**

Principal Place of Business  
 270 NE 4TH ST  
 MIAMI, FL 33132

Mailing Address  
 270 NE 4TH STREET  
 SUITE #100  
 MIAMI, FL 33132 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01122006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0676854**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. 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, AMTONIO	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCO MICANGELI	
STREET ADDRESS	270 NE FOURTH STREET	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO CORBEDDU	
STREET ADDRESS	270 NE FOURTH STREET	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDBAUER, ROGER	
STREET ADDRESS	701 BRICKELL AVE., STE. 2525	
CITY-ST-ZIP	MIAMI, FL 33131	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **Benoit Castera**  
 VP & CFO  
 InterAmerican Hotels

Date: 01/12/2006 Daytime Phone #: (305) 550-0661

ATTACHMENT

40012691



270 N.E. Fourth Street | Tel: 305.374.2050 / Fax: 305.358.0866  
Miami, FL 33132 | www.soundhospitality.com

February 9, 2006

**Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500**

**Dear Sir or Madam:**

**Please find enclosed three checks in payment of the Annual Report for the listed companies:**

<b>InterAmerican Hotels Corp</b>	<b>#P96000048769</b>
<b>Manassas Inn Co.</b>	<b>#V65319</b>
<b>Crystal Inn Co.</b>	<b>#V66887</b>

**Please apply the checks according.**

Thank you,

  
**Jennifer Rolle**  
Accountant

**Enclosures**