2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000048769

1. Entity Name
INTERAMERICAN HOTELS CORP.

Principal Place of Business	Mailing Address
270 NE 4TH ST MIAMI, FL 33132	270 NE 4TH STREET SUITE #100 MIAMI, FL 33132 US

01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000641924
03/01/07-80018-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICANGELI, MAURIZIO
STREET ADDRESS	270 NE FOURTH STREET
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	VD
NAME	TUPINI, CLAUDIO
STREET ADDRESS	270 NE FOURTH STREET
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	V
NAME	CASTERA, BENOIST
STREET ADDRESS	270 NE FOURTH STREET
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	CORBEDDU, ANTONIO
STREET ADDRESS	270 NE FOURTH STREET
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	LAROCHE, RICHARD F
STREET ADDRESS	2103 SHANNON DR.
CITY-ST-ZIP	MURFREESBORO, TN 37129
TITLE	D
NAME	FRIEDBAUER, ROGER
STREET ADDRESS	701 BRICKELL AVE STE 2525
CITY-ST-ZIP	MIAMI, FL 33131

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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: _____ VP, CFO 305-374-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #