

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V54699** (6)

1. Corporation Name:
INTERAMERICAN HOTELS CORP.



Principal Place of Business: **340 BISCAYNE BLVD. STE. #100 MIAMI FL 33132 US**
Mailing Address: **340 BISCAYNE BLVD STE 100 MIAMI FL 33132 US**

2. Principal Place of Business: [21] State, Apt., etc. [22] City & State [23] Zip [24] Country [25]
2a. Mailing Address: [26] State, Apt., etc. [27] City & State [28] Zip [29] Country [30]

3. Date Incorporated or Qualified: **08/03/1992**
3a. Date of Last Report: **04/17/1995**
4. FLE Number: **65-0349081** 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. 199.03? Florida Statutes: [x] Yes [] No

9. Name and Address of Current Registered Agent:
**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131**

10. Name and Address of New Registered Agent:
[81] Name [82] Street Address (P.O. Box Number is Not Acceptable) [83] [84] City [85] Zip Code **FL**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0303, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	DATE
	PD MICANGELI, MAURIZIO	[] DELETE	[] Change [] Addition
STREET ADDRESS	340 BISCAYNE BLVD., #100		
CITY, ST, ZIP	MIAMI FL		
TITLE	VD TUPINI, CLAUDIO	[] DELETE	[] Change [] Addition
STREET ADDRESS	340 BISCAYNE BLVD. #100		
CITY, ST, ZIP	MIAMI FL		
TITLE	D DAYTON, M L	[] DELETE	[] Change [] Addition
STREET ADDRESS	340 BISCAYNE BLVD		
CITY, ST, ZIP	MIAMI FL 33132		
TITLE	ASD FRIEDBAUER, ROGER	[] DELETE	[] Change [] Addition
STREET ADDRESS	201 S BISCAYNE BLVD		
CITY, ST, ZIP	MIAMI FL 33131		
TITLE	T CASTERA, BENOIST	[] DELETE	[] Change [] Addition
STREET ADDRESS	340 BISCAYNE BLVD., #100		
CITY, ST, ZIP	MIAMI FL 33132		
TITLE	D CORBEDDU, ANTONIO	[] DELETE	[] Change [] Addition
STREET ADDRESS	340 BICAYNE BLVD., #100		
CITY, ST, ZIP	MIAMI FL		
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE	2. NAME	[] Change [] Addition	
3. STREET ADDRESS	4. CITY, ST, ZIP	[] Change [] Addition	
5. TITLE	6. NAME	[] Change [] Addition	
7. STREET ADDRESS	8. CITY, ST, ZIP	[] Change [] Addition	
9. TITLE	10. NAME	[] Change [] Addition	
11. STREET ADDRESS	12. CITY, ST, ZIP	[] Change [] Addition	
13. TITLE	14. NAME	[] Change [] Addition	
15. STREET ADDRESS	16. CITY, ST, ZIP	[] Change [] Addition	

14. I do hereby certify that the information herein furnished is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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, I am attaching a box of with an affidavit.

SIGNATURE: **Benoist Castera** 3-25-96 305-358-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNATURE

CR2E034 (12/95)