

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V54699
1. Corporation Name

(6)

INTERAMERICAN HOTELS CORP.



Principal Place of Business

Mailing Address

340 BISCAYNE BLVD.
STE. #100
MIAMI FL 33132
US

340 BISCAYNE BLVD
STE 100
MIAMI FL 33132
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1992

4. FEI Number

65-0349081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 270 N.E. 4th Street

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 Miami, FL

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1800 MIAMI CENTER
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MICANGELI, MAURIZIO
STREET ADDRESS 340 BISCAYNE BLVD., #100
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME TUPINI, CLAUDIO
STREET ADDRESS 340 BISCAYNE BLVD. #100
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME DAYTON, M L
STREET ADDRESS 340 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33132

☒ DELETE

TITLE SD
NAME FRIEDBAUER, ROGER
STREET ADDRESS 201 S BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE VP
NAME CASTERA, BENOIST
STREET ADDRESS 340 BISCAYNE BLVD., #100
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME CORBEDDU, ANTONIO
STREET ADDRESS 340 BICAYNE BLVD., #100
CITY-ST-ZIP MIAMI FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 270 N.E. 4th Street
1.4 CITY-ST-ZIP Miami, FL 33132

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 270 N.E. 4th Street
2.4 CITY-ST-ZIP Miami, FL 33132

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE V
5.2 NAME
5.3 STREET ADDRESS 270 N.E. 4th Street
5.4 CITY-ST-ZIP Miami, FL 33132

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental 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, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)