FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **615026** **(2)**

1. Corporation Name

HOLIDAY INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
% HUGO HECTOR BRUNO 9801 COLLINS AVE. APT. 10-X BAL HARBOR FL 33154	% HUGO HECTOR BRUNO 9801 COLLINS AVE. APT. 10-X BAL HARBOR FL 33154

3. Date Incorporated or Qualified: 03/22/1979
3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-1909670 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 HUGO HECTOR BRUNO	26 HUGO HECTOR BRUNO
Suite, Apt. #, etc. 22 9801 COLLINS AVE - PH14	Suite, Apt. #, etc. 27 9801 COLLINS AVE - PH14
City & State 23 BAL HARBOUR, FL	City & State 28 BAL HARBOUR, FL
Zip / Country 24 33154 / 25 DADE	Zip / Country 29 33154 / 30 DADE

9. Name and Address of Current Registered Agent

SIBERIO, FRANK
12651 S. DIXIE HIGHWAY #333
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	S	☐ DELETE
NAME	CAMPOBASSI, JORGE L	
STREET ADDRESS	PUEYARDON 1643	
CITY-ST-ZIP	BUENOS AIRES, ARGEN00000	
TITLE	T	☐ DELETE
NAME	ANTELO, EDUARDO G	
STREET ADDRESS	MALABIA 2330	
CITY-ST-ZIP	BUENOS AIRES, ARGEN00000	
TITLE	V	☐ DELETE
NAME	DOMINGUEZ, JORGE M	
STREET ADDRESS	JUNCAL 790 4TH FLOOR	
CITY-ST-ZIP	BUENOS AIRES, ARGEN00000	
TITLE	PD	☐ DELETE
NAME	BRUNO, HUGO HECTOR	
STREET ADDRESS	10518 W FLAGLER	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	200001792032	
5.4 CITY-ST-ZIP	-04/24/96--01015--030	
6.1 TITLE	***200.00	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

4-23-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 04/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)