FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F94000000151 (0)

1. Corporation Name
BARCELO HOTELS U.S.A., INC.

Principal Place of Business	Mailing Address
4343 COLLINS AVENUE MIAMI FL 33131	4343 COLLINS AVENUE MIAMI FL 33131

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8444 International Dr.	26 8444 International Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32819 Country 25 USA	Zip 29 32819 Country 30 USA

4. FEI Number [redacted] 59-3221200 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PONCE, LUIS C/O BARCELO HOTELS U.S.A., INC. 4343 COLLINS AVENUE MIAMI FL 33131	81 Name: Jose Salinas 82 Street Address (P.O. Box Number is Not Acceptable): 150 S.E. 2nd Avenue 83 Suite 806 84 City: Miami FL 85 Zip Code: 33131

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1 1 TITLE	Delete ☐ Change ☐ Addition
NAME	BARCELO, GABRIEL	1 2 NAME	
STREET ADDRESS	4343 COLLINS AVENUE	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	
TITLE	PD	2 1 TITLE	☐ Change ☐ Addition
NAME	MULET, JOSE L	2 2 NAME	
STREET ADDRESS	4343 COLLINS AVENUE	2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	
TITLE	V	3 1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, CHARLES	3 2 NAME	
STREET ADDRESS	4343 COLLINS AVENUE	3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3 4 CITY-ST-ZIP	
TITLE	S	4 1 TITLE	S/T ☒ Change ☐ Addition
NAME	HENN, CHRISTOPHER	4 2 NAME	Henn, Cristopher
STREET ADDRESS	4343 COLLINS AVENUE	4 3 STREET ADDRESS	4343 Collins Avenue
CITY-ST-ZIP	MIAMI FL	4 4 CITY-ST-ZIP	Miami, FL
TITLE	S	5 1 TITLE	Delete ☐ Change ☐ Addition
NAME	BARCELO, SEBASTIAN P	5 2 NAME	
STREET ADDRESS	4343 COLLINS AVENUE	5 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	D/V ☐ Change ☒ Addition
NAME		6 2 NAME	Barcelo Vadell, Simon Pedro
STREET ADDRESS		6 3 STREET ADDRESS	Robert Rotta 22
CITY-ST-ZIP		6 4 CITY-ST-ZIP	Palma de Mallorca, SP

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: [signature] 02/10/95 (305)-3740045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0148787 CP