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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:40

DOCUMENT # F94000001221 (0)

1. Corporation Name
RENAISSANCE HOTELS INTERNATIONAL, INC.

Principal Place of Business
2655 LE JEUNE RD., #400
CORAL GABLES FL 33134

Mailing Address
2655 LE JEUNE RD., #400
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2655 Le Jeune Road
Suite, Apt. #, etc.
22 #800
City & State
23 Coral Gables, FL
Zip 24 33134 Country 25

2a. Mailing Address
26 2655 Le Jeune Road
Suite, Apt. #, etc.
27 #800
City & State
28 Coral Gables, FL
Zip 29 33134 Country 30

4. FEI Number: 65 0523493 ~~APPLIED FOR~~ ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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	PD
NAME	CHOI, JAMES K
STREET ADDRESS	17/F NEW WORLD TOWER II, 16-18 QUEEN'S RD.
CITY-ST-ZIP	CENTRAL HONG KONG
TITLE	~~VD~~ Director/Vice Pres
NAME	RIECK, ERWIN J
STREET ADDRESS	2655 LE JEUNE RD., ~~#400~~ 800
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	~~VTD~~ Director/Vice Pres
NAME	OLESEN, ROBERT W
STREET ADDRESS	2655 LE JEUNE RD., ~~#400~~ 800
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	~~V~~
NAME	~~GAFFNEY, PATRICK~~
STREET ADDRESS	~~2655 LE JEUNE RD., #400~~
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~
TITLE	S
NAME	HEININGER, K D
STREET ADDRESS	2655 LE JEUNE RD., ~~#400~~ 800
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Director/Vice Pres	☐ Change ☒ Addition
1 2 NAME	Thomas G. Stauffer	
1 3 STREET ADDRESS	29800 Bainbridge Road	
1 4 CITY-ST-ZIP	Solon, OH 44139	
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		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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)(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: [signature] 1/27/95 (305)460-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

K. Daniel Heininger, Secretary

0141340 CP