1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800003849

1. Corporation Name

LEADING HOTEL PROMOTIONS, INC.

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90181 021 \*\*\*150.00



304 PALERMO AVENUE CORAL GABLES FL 33134  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 07/07/1998  2. Principal Place of Business / 2a. Mailing Address / 4. FEI Number	
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/07/1998  2. Principal Place of Business  4. FEI Number	
3. Date Incorporated or Qualifed 07/07/1998  2. Principal Place of Business	
2. Principal Place of Business	
2 Principal Place of Business , 2a. Mailing Address , 4. FEI Number	
	Applied For
21 2655 South lejeune Road 26 2655 South lejeune Road 65-0858576	Not Applicable
Suite Ant # etc	75 Additional
	e Required
City & State City & State 6. Election Campaign Financing 55.	00 May Be
23 CORAL GABLES Trust Fund Contribution Ad	ded to Fees
Zip Country - Zip Country - 8 This corporation owes the current year Intangible	_ }
24 F 2 33/34 25 U.S.A 29 F 2 33/34 30 U.S.A Personal Property Tax.   Personal Property Tax.	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
LADIEDDE ADMANIED	
LAPIENNE, ANNAULU (82 Street Address (P.O. Box Number is Not Acceptable)	
304 FALLIMO AVENUE 29 18 V/11/10/0 5/201	
CORAL GABLES FL 33134	
84 City ( ) 10 ( ) 85 (	Zip Code
	33/33
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	g 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	as registered
SIGNATURE Signature, broad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
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	CTORS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14. TITLE   PCD   Change   Cha	
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14.1 TITLE   PCD   Change	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PCD  LAPIERRE, ARNAULD  STREET ADDRESS  304 PALERMO AVENUE  CORAL GABLES FL  14 CITY-ST-ZIP  CORAL GABLES FL  15. CITY-ST-ZIP  CORAL GABLES FL  16. CITY-ST-ZIP  CORAL GABLES FL  17. CITY-ST-ZIP  CORAL GABLES FL  18. CITY-ST-ZIP  CORAL GABLES FL  19. CITY-ST-ZIP  CORAL GABLES FL  CORAL GABLES FL  CORAL GABLES FL  CORAL GABLE	nge Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PCD  LAPIERRE, ARNAULD  STREET ADDRESS  304 PALERMO AVENUE  CORAL GABLES FL  14 CITY-ST-ZIP  CORAL GABLES FL  15. CITY-ST-ZIP  CORAL GABLES FL  16. CITY-ST-ZIP  CORAL GABLES FL  17. CITY-ST-ZIP  CORAL GABLES FL  18. CITY-ST-ZIP  CORAL GABLES FL  19. CITY-ST-ZIP  CORAL GABLES FL  CORAL GABLES FL  CORAL GABLES FL  CORAL GABLE	nge Addition
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14.1 TITLE   12.1 TITLE   12.1 TITLE   12.1 TITLE   12.1 TITLE   12.1 TITLE   13.2 TREET ADDRESS   14.2 TREET ADDRESS   14.2 TREET ADDRESS   14.4 CITY-ST-ZIP   CORAL GABLES FL	nge Addition
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14. TITLE   PCD   Change   Corp. Corp	nge Addition
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PCD  LAPIERRE, ARNAULD  STREET ADDRESS  304 PALERMO AVENUE  CORAL GABLES FL  1.4 CITY-ST-ZIP  CORAL GABLES FL  1.4 CITY-ST-ZIP  CORAL GABLES FL  1.5 CITY-ST-ZIP  CORAL GABLES FL  1.6 CITY-ST-ZIP  CORAL GABLES FL  1.7 CITY-ST-ZIP  CORAL GABLES FL	nge
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14.1 TITLE   12.1 TITLE   12.1 TITLE   12.1 TITLE   12.1 TITLE   13.2 TREET ADDRESS   14.2 TITLE   14.2 TITLE   14.2 TITLE   14.3 STREET ADDRESS   14.4 CITY-ST-ZIP   1	nge
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14.1 TITLE   12.1 NAME   LAPIERRE, ARNAULD   12.2 NAME   LAPIERRE, ARNAULD   13.3 STREET ADDRESS   26.5 South   Lapierre Posad   Si Control of Street Address   14.2 CTY-ST-ZIP   CORAL GABLES FL   14.2 CTY-ST-ZIP   CORAL GABLES FL   14.3 STREET ADDRESS   26.5 South   Lapierre Posad   Si Control of Street Address   14.2 CTY-ST-ZIP   CORAL GABLES FL   14.3 STREET ADDRESS   26.5 South   Lapierre Posad   Si Control of Street Address   14.3 STREET ADDRESS   26.5 South   Lapierre Posad   Si Control of Street Address   25.3 South   Lapierre Posad   Si Control of Street Address   26.5 South   Lapierre Posad   26.5 South   Lapierre Posa	nge
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PCD  LAPIERRE, ARNAULD  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES FL  TITLE  VSTD  NAME  HERTZ, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES FL  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  CORAL GABLES FL  DELETE  2.1 TITLE  VSTD  NAME  HERTZ, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES FL  DELETE  1.2 TITLE  2.3 STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES FL  DELETE  2.4 CITY-ST-ZIP  CORAL GABLES FL  DELETE  3.1 TITLE  3.3 STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES FL  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.3 STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  3.3 STREET ADDRESS	nge
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14.1 TITLE   12.1 TITLE   12.1 TITLE   13.2 STREET ADDRESS   14.2 CTY-ST-ZIP   14.4 CTY-ST-ZIP	nge
Signature, typed or printed name of registered agent and title of applicable.   (NOTE: Registered Agent signature required when reinstaling)   DATE	nge Addition  To 3  nge Addition  S Addition
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14.1 TITLE   Change	nge Addition  To 3  nge Addition  S Addition
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12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14.1 TITLE   1.1 TITLE   1.2 MAME   1.2 MAME   1.2 MAME   1.2 MAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   1.4 CITY-ST	nge
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14.1 TITLE   2.1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.2 NAME   2.4 CITY-ST-ZIP   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   2.4 CI	nge
Signature, typed or printed name of registered agent and title of applicable.   (NOTE: Registered Agent signature required when remistating)   DATE	nge
Signature, typed or printed name of registered egent and atte in applicable. (NOTE: Registered Agent signature reducted when reimstatura)   CAP	nge
Signature, typed or printed name of registered agent and sted # applicative.   (NOTE: Registered Agent Eignature required when remistrative)   UATE	nge
Signature, hyperd or printed name of registered agent and talet applicative.   NOTE: Respiciently agent and registered agent applicative.   NOTE: Respiciently agent and registered agent and registered agent applicative.   NOTE: Respiciently agent and registered agent and registered agent and registered agent applicative.   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   TITLE   PCD   Che	nge
Signature, typed or printed name of registered agent and talle applicable.   NOTE: Registered Agent	nge

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 of the feetiver 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 changes or or an attachment with an address, with all other like empowered.

**SIGNATURE**