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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 16 PM 2:58

DOCUMENT # K47717 (9)

1. Corporation Name

VISTA INTERNATIONAL HOTELS (FLORIDA), INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/29/1988
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 58-1645687 ☐ 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

UNITED CORPORATE SERVICES INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

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: _____ (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	NOEL, JEAN-CLAUDE	12 NAME		
STREET ADDRESS	ONE WALL ST CT	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10158	14 CITY-ST-ZIP	New York, NY 10005	
TITLE	DS	21 TITLE		☒ Change ☐ Addition
NAME	LIERMAN, PAUL	22 NAME		
STREET ADDRESS	901 PONCE DE LEON BLVD #202	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DT	31 TITLE		☒ Change ☐ Addition
NAME	BARKAI, DAN	32 NAME		
STREET ADDRESS	ONE WALL ST CT	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	New York, NY 10005	
TITLE	DVP	41 TITLE		☒ Change ☐ Addition
NAME	DECKER, ROBERT	42 NAME		
STREET ADDRESS	ONE WALL ST CT	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10158	44 CITY-ST-ZIP	New York, NY 10005	
TITLE	DV	51 TITLE	DIR./EXECUTIVE VP	☒ Change ☐ Addition
NAME	HIRST, MICHAEL	52 NAME	TOMMASO ZANZOTTO	
STREET ADDRESS	INT'L COURT, RHODES WAY	53 STREET ADDRESS	2/3 RHODES WAY	
CITY-ST-ZIP	WATFORD, ENGLAND	54 CITY-ST-ZIP	WATFORD, HERT., ENGLAND	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report 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: PAUL LIERMAN — VICE PRESIDENT DIRECTOR — 1/19/95 — (305) 444-3444

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION TO SIGN — Date — Daytime Phone #

0137760 CP