

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35443** (1)
1. Corporation Name
HILTON INTERNATIONAL CO.



Principal Place of Business ONE WALL ST. COURT 7TH FLOOR NEW YORK NY 10005 US	Mailing Address ONE WALL ST. COURT 7TH FLOOR NEW YORK NY 10005 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/10/1991	
21		26		4. FEI Number 13-1582113	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
				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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEO	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JARVIS, DAVID			1.2 NAME			
STREET ADDRESS	MAPLE CT. CENTRAL PARK, REEDS CRESCENT			1.3 STREET ADDRESS			
CITY-ST-ZIP	WATFORD HE			1.4 CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALLACE, BRIAN			2.2 NAME			
STREET ADDRESS	MAPLE CT. CENTRAL PARK, REEDS CRESCENT			2.3 STREET ADDRESS			
CITY-ST-ZIP	WATFORD HE			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANDL, R.E.			3.2 NAME			
STREET ADDRESS	TOKYO HILTON, 6-2 NISHI-SHINJUKU 6 CHOME			3.3 STREET ADDRESS			
CITY-ST-ZIP	SHINJUKU-KU TO			3.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIERMAN, PAUL			4.2 NAME			
STREET ADDRESS	901 PONCE DE LEON BLVD, STE-602			4.3 STREET ADDRESS	STE 700		
CITY-ST-ZIP	CORAL GABLES FL			4.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	President - The Americas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILSON, J.			5.2 NAME	Michel Recalt		
STREET ADDRESS	MAPLE CT. CENTRAL PARK, REEDS CRESCENT			5.3 STREET ADDRESS	901 Ponce de Leon Blvd., Suite 700		
CITY-ST-ZIP	WATFORD HE			5.4 CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	SVP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAHAS, AHMED E			6.2 NAME			
STREET ADDRESS	1115 CORNICHE EL NIL			6.3 STREET ADDRESS			
CITY-ST-ZIP	CAIRO EG			6.4 CITY-ST-ZIP			

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 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

4/13/98

305-444-6811

CR2E034 (10/97)