

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90060 036 ***150.00

DOCUMENT # P40261

1. Entity Name

HIC HOTELS U.S.A. CORPORATION



Principal Place of Business

901 PONCE DE LEON BLVD
7TH FLOOR
CORAL GABLES FL 33134
US

Mailing Address

901 PONCE DE LEON BLVD
7TH FLOOR
CORAL GABLES FL 33134
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

13-3435886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: BARLON, SIMON ☒ Delete
STREET ADDRESS: 901 PONCE DE LEON BLVD 7TH FLOOR
CITY-ST-ZIP: CORAL GABLES FL

TITLE: PRESIDENT
NAME: IAN RUSSELL CARTER ☒ Change ☐ Addition
STREET ADDRESS: 9336 CIVIC CENTER DR
CITY-ST-ZIP: BEVERLY HILLS CA 90210

TITLE: VP
NAME: LIERMAN, PAUL ☐ Delete
STREET ADDRESS: 901 PONCE DE LEON BLVD, 7TH FLOOR
CITY-ST-ZIP: CORAL GABLES FL

TITLE: SVP
NAME: W. STEVEN STANDERER ☒ Change ☒ Addition
STREET ADDRESS: 9336 CIVIC CENTER DR
CITY-ST-ZIP: BEVERLY HILLS CA 90210

TITLE: VPT
NAME: MOLONEY, ADRIAN ☒ Delete
STREET ADDRESS: 901 PONCE DE LEON BLVD SUITE 700
CITY-ST-ZIP: MIAMI FL 33134

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Steven Standerer

W. STEVEN STANDERER

4/12/07

302-278 4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #