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

APPROVED AND FILED

95 MAY -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068645 (9)

1. Corporation Name

RADISSON HOTELS INTERNATIONAL - LATIN AMERICA, I NC.

Principal Place of Business	Mailing Address
260 CRANDON BLVD 14 KEY BISCAYNE FL 33149 US	260 CRANDON BLVD 14 KEY BISCAYNE FL 33149 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1993
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21: 1001 S. Bayshore Dr.
22 Suite, Apt. #, etc: 2210
23 City & State: Miami, FL
24 Zip: 33131
25 Country: USA

2a. Mailing Address
26: 1001 S. Bayshore Dr.
27 Suite, Apt. #, etc: 2210
28 City & State: Miami, FL
29 Zip: 33131
30 Country: USA

4. FEI Number: 65-0446360 ☐ 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

FRIEND, RICHARD E
% SEMET, LICKSTEIN, MORGENSTERN, ETAL
201 ALHAMBRA CIRCLE SHITE 1200
CORAL GABLES FL 33134

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: Registering Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	ESTEFAN, CAMILO	1.2 NAME	
STREET ADDRESS	260 CRANDON BLVD, STE 14	1.3 STREET ADDRESS	1001 S. Bayshore Drive #2210
CITY ST ZIP	KEY BISCAYNE FL	1.4 CITY ST ZIP	Miami,FL 33131
TITLE	DV	2.1 TITLE	X Change ☐ Addition
NAME	CHEHAB, EMILE	2.2 NAME	
STREET ADDRESS	260 CRANDON BLVD, STE 14	2.3 STREET ADDRESS	1001 S. Bayshore Dr #2210
CITY ST ZIP	KEY BISCAYNE FL	2.4 CITY ST ZIP	Miami, FL 33131
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 (changed), or on an attachment with an address.

SIGNATURE: Alex Estefan 3/27/95 (305) 577-1321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103474 CP