FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078538 (4)

1. Corporation Name

D'HOTEL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7963 NORTHWEST 64TH STREET MIAMI FL 33166 US	7963 NORTHWEST 64TH STREET MIAMI FL 33166 US

3. Date Incorporated or Qualified: 11/04/1993
3a. Date of Last Report: 10/05/1995

2. Principal Place of Business	2a. Mailing Address
21 9300 N.W. 58 ST.	26 9300 N.W. 58 ST.
Suite, Apt #, etc. 22 SUITE 210	Suite, Apt. #, etc. 27 SUITE 210
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33178 · Country 25 U.S.A.	Zip 29 33178 Country 30 U.S.A

4. FEI Number: 65-0447569 ☐ 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

VICIOSO, LUIS
7963 N.W. 64TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: LUIS CAMACHO
82 Street Address (P.O. Box Number is Not Acceptable): 9300 N.W. 58TH STREET
83 SUITE 210
84 City: MIAMI FL 85 Zip Code: 33178

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: LUIS CAMACHO X
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	DE MENICUCCI, LOURDES G		1.2 NAME	DE MENICUCCI, LOURDES G.
STREET ADDRESS	7963 N.W. 64TH STREET		1.3 STREET ADDRESS	9300 N.W. 58TH STREET - SUITE 210
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33178
TITLE	D	☒ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	MENICUCCI, GIOVANNI O		2.2 NAME	MENICUCCI, GIOVANNI O
STREET ADDRESS	7963 N.W. 64TH STREET		2.3 STREET ADDRESS	9300 N.W. 58TH STREET - SUITE 210
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33178
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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)(k), 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: GIOVANNI MENICUCCI X G. Menicucci — May 31-96 — (305) 591-3593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)