

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

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000070273 (5)**  
 1. Corporation Name  
**AMERICAN HOTEL EXCHANGE, INC.**



Principal Place of Business <b>UNITED CORPORATE SERVICES, INC.</b> <b>801 N.E. 167TH ST., SUITE 300</b> <b>N. MIAMI BEACH FL 33162</b>	Mailing Address <b>UNITED CORPORATE SERVICES, INC.</b> <b>801 N.E. 167TH ST., SUITE 300</b> <b>N. MIAMI BEACH FL 33162-3729</b>
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3. Date Incorporated or Qualified <b>09/23/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3336242</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 100 West Lucerne Circle</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 100 West Lucerne Circle</b> Suite, Apt. #, etc.
<b>22 Suite 100</b> City & State	<b>27 Suite 100</b> City & State
<b>23 Orlando, Florida</b> Zip Country	<b>28 Orlando, Florida</b> Zip Country
<b>24 32801</b> <b>25 U.S.A.</b>	<b>29 32801</b> <b>30 U.S.A.</b>

9. Name and Address of Current Registered Agent <b>UNITED CORPORATE SERVICES, INC.</b> <b>801 N.E. 167T ST., SUITE 300</b> <b>N. MIAMI BEACH FL 33162</b>		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		<b>FL</b> 85 Zip Code

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
<b>FL</b>	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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARITZ, KENNTH G</b>	1.2 NAME	
STREET ADDRESS	<b>101 PARK AVENUE, SUITE 2507</b>	1.3 STREET ADDRESS	<b>100 West Lucerne Circle, Suite 100</b>
CITY-ST-ZIP	<b>NEW YORK NY 10178</b>	1.4 CITY-ST-ZIP	<b>Orlando, Florida 32801</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IZZO, PETER M JR</b>	2.2 NAME	
STREET ADDRESS	<b>101 PARK AVENUE, SUITE 2507</b>	2.3 STREET ADDRESS	<b>100 West Lucerne Circle, Suite 100</b>
CITY-ST-ZIP	<b>NEW YORK NY 10178</b>	2.4 CITY-ST-ZIP	<b>Orlando, Flroida 32801</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARITZ, KENNETH</b>	3.2 NAME	
STREET ADDRESS	<b>101 PARL AVENUE SUITE 2507</b>	3.3 STREET ADDRESS	<b>100 West Lucerne Circle, Suite 100</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IZZO, PETER M</b>	4.2 NAME	
STREET ADDRESS	<b>101 PARK AVENUE #2507</b>	4.3 STREET ADDRESS	<b>100 West Lucerne Circle, Suite 100</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	<b>Orlando, Florida 32801</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROSS, AMY S.</b>	5.2 NAME	
STREET ADDRESS	<b>101 PARK AVENUE SUITE 2507</b>	5.3 STREET ADDRESS	<b>100 West Lucerne Circle, Suite 100</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	<b>Orlando, Florida 32801</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>100 West Lucerne Circle, Suite 100</b>
1.4 CITY-ST-ZIP	<b>Orlando, Florida 32801</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>100 West Lucerne Circle, Suite 100</b>
2.4 CITY-ST-ZIP	<b>Orlando, Flroida 32801</b>
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5.4 CITY-ST-ZIP	<b>Orlando, Florida 32801</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)