

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

**FILED**

**May 01 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 # P96000048769 (9)**  
1. Corporation Name  
**AMERICAN HOTEL HOLDINGS CO.**



Principal Place of Business <b>340 BISCAYNE BLVD. SUITE 100 MIAMI FL 33132</b>	Mailing Address <b>340 BISCAYNE BLVD. SUITE 100 MIAMI FL 33132-2211</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>06/06/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0676854</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MICANGELI, MAURIZIO</b>	
STREET ADDRESS	<b>340 BISCAYNE BLVD., STE. 100</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TUPINI, CLAUDIO</b>	
STREET ADDRESS	<b>340 BISCAYNE BLVD., STE. 100</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CORBEDDU, ANTONIO</b>	
STREET ADDRESS	<b>340 BISCAYNE BLVD., STE. 100</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAYTON, M.L.</b>	
STREET ADDRESS	<b>340 BISCAYNE BLVD., STE. 100</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEDBAUER, ROGER</b>	
STREET ADDRESS	<b>1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	<b>D/VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Benoist Castera</b>	
63 STREET ADDRESS	<b>340 Biscayne Blvd., Ste. 100</b>	
64 CITY-ST-ZIP	<b>Miami, FL 33132</b>	

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 supplement to 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.

CR2E034 (9/96)

4-22-97 305-358-0661