

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # P96000048769 (9)

1. Corporation Name
AMERICAN HOTEL HOLDINGS CO.



Principal Place of Business

Mailing Address

**340 BISCAYNE BLVD.
 SUITE 100
 MIAMI FL 33132**

**340 BISCAYNE BLVD.
 SUITE 100
 MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **270 N.E. 4th Street**

22 City & State

27 City & State
Miami, FL 33132

23 Zip

Country

28 Zip

Country

24

25

29 **33132**

30

3. Date Incorporated or Qualified

06/06/1996

4. FEI Number

65-0676854

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
 201 S. BISCAYNE BLVD.
 1800 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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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

TITLE **DP** DELETE

NAME **MICANGELI, MAURIZIO**
 STREET ADDRESS **340 BISCAYNE BLVD., STE. 100**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DVP** DELETE

NAME **TUPINI, CLAUDIO**
 STREET ADDRESS **340 BISCAYNE BLVD., STE. 100**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** DELETE

NAME **CORBEDDU, ANTONIO**
 STREET ADDRESS **340 BISCAYNE BLVD., STE. 100**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** DELETE

NAME **DAYTON, M.L.**
 STREET ADDRESS **340 BISCAYNE BLVD., STE. 100**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** DELETE

NAME **FRIEDBAUER, ROGER**
 STREET ADDRESS **1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** DELETE

NAME **CASTERA, BENOIST**
 STREET ADDRESS **340 BISCAYNE BLVD STE 100**
 CITY-ST-ZIP **MIAMI FL 33132**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS **270 N.E. 4th Street**
 1.4 CITY-ST-ZIP **Miami, FL 33132**

2.1 TITLE Change Addition

2.2 NAME **D/V**
 2.3 STREET ADDRESS **270 N.E. 4th Street**
 2.4 CITY-ST-ZIP **Miami, FL 33132**

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME **V**
 6.3 STREET ADDRESS **270 N.E. 4th Street**
 6.4 CITY-ST-ZIP **Miami, FL 33132**

14. I 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

[Handwritten Signature]

4. 20. 25. 305-254-0161

CR2E034 (10/97)