

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000048769

1. Entity Name
 INTERAMERICAN HOTELS CORP.



Principal Place of Business 270 NE 4TH ST MIAMI, FL 33132	Mailing Address 270 NE 4TH STREET SUITE #100 MIAMI, FL 33132 US
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01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0676854	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICANGELI, MAURIZIO 270 NE FOURTH STREET MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUPINI, CLAUDIO 270 NE FOURTH STREET MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTERA, BENOIST 270 NE FOURTH STREET MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBEDDU, AMTONIO 270 NE FOURTH STREET MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROCHÉ, RICHARD F 2103 SHANNON DR. MURFREESBORO, TN 37129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDBAUER, ROGER 201 S. BISCAYNE BLV., 1500 MIAMI CTR. MIAMI, FL 33131

U00000195303
 01/26/05-80023-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 01/19/2005 DAYTIME PHONE #: (305) 358 0661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Add Marco MICANGELI D