
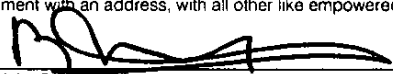


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90020 034 \*\*\*150.00

<b>DOCUMENT # P96000048769</b> 1. Entity Name <b>INTERAMERICAN HOTELS CORP.</b>					
Principal Place of Business 270 NE 4TH ST MIAMI, FL 33132			Mailing Address 270 NE 4TH STREET SUITE #100 MIAMI, FL 33132 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0676854</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICANGELI, MAURIZIO 270 NE FOURTH STREET MIAMI, FL 33132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCO MICANGELI 270 NE FOURTH STREET MIAMI, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUPINI, CLAUDIO 270 NE FOURTH STREET MIAMI, FL 33132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTERA, BENOIST 270 NE FOURTH STREET MIAMI, FL 33132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBEDDU, AMTONIO 270 NE FOURTH STREET MIAMI, FL 33132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTONIO CORBEDDU 270 NE FOURTH STREET MIAMI, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROCHÉ, RICHARD F 2103 SHANNON DR. MURFREESBORO, TN 37129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDBAUER, ROGER 201 S. BISCAYNE BLVD., 1500 MIAMI CTR. MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDBAUER, ROGER 701 BRICKELL AVE., STE. 2525 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			<b>Benoist Castera</b> <b>VP &amp; CFO</b> <b>InterAmerican Hotels</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>01/12/2006</b> Daytime Phone # <b>(305) 550-0661</b>		

ATTACHMENT

40012691



270 N.E. Fourth Street | Tel: 305.374.2050/Fax: 305.358.0866  
Miami, FL 33132 | www.soundhospitality.com

**February 9, 2006**

**Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500**

**Dear Sir or Madam:**

**Please find enclosed three checks in payment of the Annual Report for the listed companies:**

<b>InterAmerican Hotels Corp</b>	<b>#P96000048769</b>
<b>Manassas Inn Co.</b>	<b>#V65319</b>
<b>Crystal Inn Co.</b>	<b>#V66887</b>

**Please apply the checks according.**

**Thank you,**

  
**Jennifer Rolle**  
**Accountant**

**Enclosures**