

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 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



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0676854

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000641924
03/01/07-80018-013 150.00

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, ANTONIO 270 NE FOURTH STREET MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROCHE, RICHARD F 2103 SHANNON DR. MURFREESBORO, TN 37129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDBAUER, ROGER 701 BRICKELL AVE STE 2525 MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP, CFO 305-374-7050