


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000048769 1. Entity Name INTERAMERICAN HOTELS CORP.	
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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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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0676854	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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, ANTONIO 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 701 BRICKELL AVE STE 2525 MIAMI, FL 33131

U00000738072  
01/30/08-80015-006 150.00

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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.

SIGNATURE:  **Benoist CASTERA** Date: **01/03/08** Daytime Phone #: **(305) 358 0661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR