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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

May 13, 1999 8:00 am Secretary of State 05-13-1999 90015 015 ***150.00

DOCUMENT #

P96000096539

1. Corporation Name

INTERNATIONAL HOSPITALITY AMERICA CORP.

Principal Place of Business E BISCAYNE TOWER SOUTH BISCAYNE BLVD. UITE 1650

701 BRICKELL AVENUE

SUITE 3000

IAMI, FLORIDA 33131		MIAMI, FLORIDA	33131-28	4 7 DO NOT WRITE IN THIS SPACE				
IAMI, E.	TOKIDA 33131	,		3. Date Incorporated or Qualifed 11/27/96				
Principal Place of Business		2a. Mailing Address		4. FEI Number				
		26		65-0714152	Applied For			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03 0714132	Not Applicable			
		27		5. Certifcate of Status Desired				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip Country 29 30		8. This corporation owes the current year In				
	25			Personal Property Tax.				
9	. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent				
NTRASTA	TE REGISTERED A	AGENT CORPORATION	81 Name					
'OI BRICKELL AVENUE			82 Street Address	82 Street Address (P.O. Box Number is Not Acceptable)				
UITE 3000			July Street Addres	ss (F.O. box Number is Not Acceptable)				
			83					
	;		04 07					
			84 City	FI	85 Zip Code			

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes

	Signature, typed or printed name of registered agent and title if applicab	,	Registered Agent signature required wi	hen reinstating)	DATE	
	OFFICERS AND DIRECTORS	S	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	RS IN 12
	RONS SHEPPARD	☐ DELETE	1.1 TITLE		☐ Change	Addition
-	ONE BISCAYNE TOWER		1.2 NAME		_	
I ALLINESS	2 SOUTH BISCAYNE BLVD.		1.3 STREET ADDRESS			
ST ZIP	SUITE 1650		1.4 CITY-ST-ZIP			_
	MIAMI, FL 33131	☐ DELETE	2.1 TITLE		Change	Addition
			2.2 NAME			
- LADDMESS			2.3 STREET ADDRESS			
et zip			2.4 CITY-ST-ZIP			
		☐ DELETE	3.1 TITLE		Change	Addition
			3.2 NAME		- ,	_
I ADDRESS			3.3 STREET ADDRESS		•	
ET_ZIP			3.4. CITY-ST-ZIP			
j		☐ DELETE	4.1 TITLE		Change	☐ Addition
			4. 2 NAME		 0	
.i addaləs	,		4 3 STREET ADDRESS			
ST-ZIP			4.4 CiTY-ST-ZIP			
		DELETE	5.1 TITLE		Change	Addition
			5.2 NAME			٠
I ADDRESS			5.3 STREET ADDRESS			
T-ZIP			5 4 CITY-ST-ZIP			
		☐ DELETE	6.1 TITLE		Change	Addition
1			6.2 NAME		□ - man	
I AUXINESS			6.3 STREET ADDRESS			
T-ZIP	ertify that the information supplied with this filing does		64 CITY-ST-ZIP			

indicated on this annual report or 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 of 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, with all other like empowered.

4-26-99

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