2001 UNIFORM BUSINESS REPORT (UBR) - AMENDED

APPROVED AND FILED

01 JUL -3 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500004483805
-07/18/01--01012--001
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000017459

1. Entity Name

HAPIMAG VACATIONS CORPORATION

Principal Place of Business | Mailing Address

ATTN: Brian J. Sherr

2. Principal Place of Business	3. Mailing Address
Neuhofstrasse 8/12	c/o GREEBBERG TRAURIG, PA
Suite, Apt. #, etc	Suite, Apt. #, etc. 515 E.Las Olas Blvd., #1500
City & State: Baar	City & State: Ft. Lauderdale, FL
Zip: CH - 6349 Country: Switzerland	Zip: 33301 Country: USA

4. FEI Number: 65-0916605 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!! FEE is $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & Chief Exec. Officer ☐ Delete Marco Hartman Neuhofstrasse 8/12 Baar, Switzerland CH - 6349	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/C/D ☒ Change ☐ Addition Marco Hartman Neuhofstrasse 8/12 Baar, Switzerland CH- 6349
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President & Secretary ☒ Delete Jan Willem van Bergen 350 West 50th Street New York, NY 10019 USA	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President & Treasurer ☐ Delete Peter Oberli Neuhofstrasse 8/12 Baar, Switzerland CH - 6349	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T/D ☒ Change ☐ Addition Peter Oberli Neuhofstrasse 8/12 Baar, Switzerland CH - 6349
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/D ☐ Change ☒ Addition Hans J. Eggeres Neuhofstrasse 8/12 Baar, Switzerland CH - 6349
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D ☐ Change ☒ Addition Rolf Rutishauser Neuhofstrasse 8/12 Baar, Switzerland CH-6349
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. I hereby certify that the information 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 7-3-01

REF. #: 01760; 17205

CORP. NAME: Hapimag Vacations Corporation

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION
(X) ANNUAL REPORT Amended ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY
( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION ( ) UCC-1 ( ) UCC-3
( ) OTHER: _____

RECEIVED
01 JUL -3 PM 2:09
DIVISION OF CORPORATION

STATE FEES PREPAID WITH CHECK# 015651 **FOR $** 61.25

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING (X) PLAIN STAMPED COPY
( ) CERTIFICATE OF STATUS

Examiner's Initials

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 3, 2001

HAPIMAG VACATIONS CORP.
CCRS **********WALK-IN**********
NEW YORK, NY 10019

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

SUBJECT: HAPIMAG VACATIONS CORP.
Ref. Number: P99000017459

We have received your document for HAPIMAG VACATIONS CORP. and check(s) totaling $61.25. However, your check(s) and document are being returned for the following:

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 501A00039787

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUL -9 AM 10:07
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.