2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90050 037 ***150.00

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DOCUMENT # P99000017459

1. Entity Name
HAPIMAG VACATIONS CORP.

Principal Place of Business	Mailing Address
NEUHOFSTRASSE 8/12 BAAR CH-6349 SWITZERLAND OC	C/O BRIAN SHERR, GREENBERG TRAURIG, PA 515 E. LAS OLAS BLVD., #1500 FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	4456 El Mar Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 542
City & State	City & State Lauderdale By The Sea
Zip / Country	Zip / Country 33308 / FL

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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PCD HARTMANN, MARCO NEUHOFSTRASSE 8/12 BAAR, SWITZERLAND CH-6349	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHOBINGER; RODOLPHE NEUHOFSTRASSE 8/12 BAAR, SWITZERLAND CH-6349	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD OBERLI, PETER NEUHOFSTRASSE 8/12 BARR,SWITZERLAND CH-6349	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEEMANN, PETER NEUHOFSTRASSE 8/12 BAAR, SWITZERLAND CH-6349	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD HANS J EGGERSS, HAUSR J NEUHOFSTRASSE 8/12 BAAR, SWITZERLAND CH-6349	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUTISHAUSER, ROLF NEUHOFSTRASSE 8/12 BARR,SWITERLAND CH-6349	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: SECRETARY HARTMANN, MARCO 03/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #