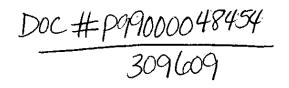
8/

2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000048454 Sep 06, 2000 8:00 am 1. Entity Name Secretary of State NATIONS DEVELOPMENT HOTELS. INC. 08-21-2000 90211 045 \*\*\*550.00 Principal Place of Business Mailing Address 3999 PONCE DE LEON BOULEVARD 999 PONCE DE LEON BOULEVARD SUITE 745 **CORAL GABLES FL 33134** CORAL GABLES FL 33134-3042 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4 FFI Number City & State City & State 65-1030098 No! Applicable \$8.75 Additional .Country Country Zip 5. Certificate of Status Desired Fee Required 7.7 itame eng Angress of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ-CORTES, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BOULEVARD SUITE 745 CORAL GABLES FL Zip Code City supposits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above pamed ex SIGNANIDE (NOTE: Registered Agent signature required w FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE TITLE DIAZ-CORTEZ, RAFAEL NAME NAME 999 PONCE DE LEON BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ACCRESS STREET ADDRESS .CITY-ST-ZIP- -CITY-ST-ZIP Addition Change Delete TITLE tme HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete DTIE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplier ental 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 for trustree 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 attachi ike empowered. 7/12/00 Rafael Diaz-Cortes, President SIGNATURE

Daytime Phone 6





August 30, 2000

Florida Department of State Division of Corporations P.O. Bo 6327 Tallahassee, Fl 32314

Att: Leslie Seller

## Re: P99000048454

Per conversation with Leslie, we have received twice the attached letter, but we do not understand why since the FEI number was included in the form.

Please let us know if you need any other information and if you can file the report as is.

Thank you for your assistance.

Sincerely,

Trela A. López Assistant to

Rafael Díaz-Cortés

President