

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01 1997 8:00am  
Secretary of State

DOCUMENT # **V54699**

(6)

1. Corporation Name

**INTERAMERICAN HOTELS CORP.**

Principal Place of Business

**340 BISCAYNE BLVD.  
STE. #100  
MIAMI FL 33132  
US**

Mailing Address

**340 BISCAYNE BLVD  
STE 100  
MIAMI FL 33132-2211  
US**

3. Date Incorporated or Qualified  
**08/03/1992**

3a. Date of Last Report  
**04/09/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

4. FEI Number

**65-0349081**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
1600 MIAMI CENTER  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MICANGELI, MAURIZIO</b>	
STREET ADDRESS	<b>340 BISCAYNE BLVD., #100</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>TUPINI, CLAUDIO</b>	
STREET ADDRESS	<b>340 BISCAYNE BLVD. #100</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAYTON, M L</b>	
STREET ADDRESS	<b>340 BISCAYNE BLVD</b>	
CITY - ST - ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>ASD</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEDBAUER, ROGER</b>	
STREET ADDRESS	<b>201 S BISCAYNE BLVD</b>	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CASTERA, BENOIST</b>	
STREET ADDRESS	<b>340 BISCAYNE BLVD., #100</b>	
CITY - ST - ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CORBEDDU, ANTONIO</b>	
STREET ADDRESS	<b>340 BISCAYNE BLVD., #100</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97 305-358-0661

Date

Daytime Phone

CR2E034 (9/96)