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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

651801

(3)

INTRAMERICA INVESTMENTS, INC.

FILED
May 06 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address							
TWO ALHAMBRA PLAZA TWO ALHAMBRA PLAZA			-				
PENTHOUSE II CORAL GABLES FL 33134 PENTHOUSE II CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE				
44/4 4-9774 1 44/4		ľ	3. Date Incorporated or Qualified				
					12/04/1979		
2. Principal Place of Business	2a, Mailing Address				4. FEI Number		Applied For
21	26				<u>59-1957863</u>		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 ' ' '	75 Additional
22	27						e Required
City & State	City & State				6. Election Campaign Financing		.00 May Be
Zip Country	28] Ζιρ	Country			Trust Fund Contribution	·· ·····	ded to Fees
24 25	29	30			This corporation owes or has pa Personal Property Tax due June	_	ar Intangible No
9. Name and Address of Current		30			10. Name and Address of New Re		
	- Trogramme and Trogramme		81 Nan		10, 110110 0110 1101		
BEFELER, HENRY							
				et Addres	s (P.O. Box Number is Not Acceptat	ole)	
PENTHOUSE II CORAL GABLES FL 33134		ł	63				
COMAL GABLES PL 33134		[
			84 City			FL 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1508 Florida Statu	ues the at	nove-nam	ed corpor	ation submits this statement for the r		ing its registered
office or registered agent or both, in the State of	ol Florida. Such change was	: authorized	i by the c	orporation	's board of directors. I hereby accep	pt the appointmen	nt as registered
agent. I am familiar with, and accept the obliga	uons of, Section 607.0505, F	-Iorida Stati	นเอร				
SIGNATURE Signature, typed or printed name of registered agen	Land title diapolic abre (NC)TE · Bagistored	Agent signs	turn required s	when reinstating)	DATE	
12. OFFICERS AND	·	13.	- Gone Organi		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE AST	DELETE	1.1 TH	LE		, 1001110110, 1011111 1 1 1 1 1 1 1 1 1	Cha	
NAME CODINA, MARGARITA		1.2 NA	ME				
STREET ADDRESS TWO ALHAMBRA PLAZA PH II		1.3 ST	REET ADDRES	is		•	
CITY-ST-ZIP MIAMI FL			Y-ST-ZIP				
TITLE PD	DELETE	2.1 TH				Cha	nge
NAME CODINA, ARMANDO		22 NA	ME	-			1
STREET ADDRESS TWO ALHAMBRA PLAZA PH II		2.3 ST	REET ADDRES	is l			
CITY-ST-ZIP MIAMI FL			TY-ST-ZIP				
TITLE TV	DELETE	3.1 TIT				Cha	inge Addition
NAME BEFELER, HENRY		3.2 NA	ME				
STREET ADDRESS TWO ALHAMBRA PLAZA PH II		3.3 ST	REE1 ADDRES	s			
CITY-ST-ZIP MIAMI FL		f	TY-ST-ZIP				ĺ
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CITY-ST-ZIP			Y-ST-ZIP	1			ĺ
TITLE	DELETE	5.1 TIT			**************************************	Cha	nge 🔲 Addition
NAME		5 2 NA	ME				į
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CITY-ST-ZIP		5.4 Cf1	Y-ST-ZIP				
TITLE	☐ DELETE	6.1 TIT	l E			☐ Cha	nge 🔲 Addition
NAME		6.2 NA	ME	1			ľ
STREET ADDRESS		6.3 ST	REET ADDRES	is .			
CITY-ST-ZIP		6.4 CIT	Y-ST-ZIP				
 I hereby certify that the information supplied with indicated on this annual report or supplemental 	h this filing does not qualify	for the exe	mption st	ated in Se	ction 119.07(3)(i), Florida Statutes. I	further certify that	t the information
officer or director of the corporation or the recei Block 12 or Block 13 if changed, or on an attac	ver or trustee empowered to	execute t	his report	as require	ed by Chapter 607, Florida Statutes;	and that my nam	e appears in