

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 676052 (4)  
1. Corporation Name

INTERINVESTORS, INC.



Principal Place of Business: 1051 WEST 29TH ST. C/O LUIS M. GONZALEZ HIALEAH FL 33012-5057  
Mailing Address: 1051 WEST 29TH ST. C/O LUIS M. GONZALEZ HIALEAH FL 33012-5057

3. Date Incorporated or Qualified: 06/24/1980  
3a. Date of Last Report: 05/23/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
22	Suite, Apt #, etc	26	Suite, Apt #, etc	59-2331143		Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	29	Zip	8	This corporation has liability for intangible tax under s. 190.032, Florida Statutes	Yes No
30	Country					

9. Name and Address of Current Registered Agent

GONZALEZ, LUIS M.  
1051 WEST 29TH ST.  
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 the filer/applicant

(NOTE: Registered Agent's signature required when filing this report.)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	Change Addition
NAME	GONZALEZ, LUIS M	12 NAME	
STREET ADDRESS	1051 W 29TH ST	13 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 00000	14 CITY - ST - ZIP	
TITLE	S	21 TITLE	Change Addition
NAME	GONZALEZ, NEREIDA	22 NAME	
STREET ADDRESS	1051 W 29TH ST	23 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 00000	24 CITY - ST - ZIP	
TITLE	T	31 TITLE	Change Addition
NAME	GONZALEZ, MARIO L	32 NAME	
STREET ADDRESS	1051 W 29TH ST	33 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 00000	34 CITY - ST - ZIP	
TITLE		41 TITLE	Change Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	Change Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	Change Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Luis M. Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96

305 885 2847

CR2E034 (3/96)