FILED
May 29, 2002 8:00 am
Secretary of State
04-30-2002 90022 036 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025663

1. Entity Name
INTERES USA, CORPORATION

Principal Place of Business
~~1120 102ND STREET, APT. 15~~
~~BAY HARBOR FL 33154~~

Mailing Address
~~1120 102ND STREET, APT. 15~~
~~BAY HARBOR FL 33154~~

CHange

2. Principal Place of Business	3. Mailing Address
201 - 178 Drive #230	Same
Suite, Apt. #, etc. #230	Suite, Apt. #, etc.
City & State Sunny Isle, FL.	City & State
Zip 33160 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~MUNOZ, MARIA~~
~~1120 102ND STREET, APT. 15~~
~~BAY HARBOR FL~~ 33154

7. Name and Address of New Registered Agent
Name MARIA A BENSO
Street Address (P.O. Box Number is Not Acceptable) 201 - 178 DRIVE #230
City Sunny Isle FL Zip Code 33160

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 (X) [signature] Maria Benso 3/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D ~~MUNOZ, MARIA~~ ~~1120 102ND STREET, APT. 15~~ ~~BAY HARBOR FL 33154~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	201- 178 Drive #230 Sunny Isle, FL 33160 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARIA A BENSO 201-178 DRIVE #230 SUNN ISLE, FL 33160 ☒ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: (X) [signature] Maria Benso 3/18/02 305 931 7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 87941 HPOOOOO25566

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
INTERES USA CORPORATION

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
201 - 178 DRIVE # 230

5a Street address (if different) (Do not enter a P.O. box.)
SAME

4b City, state, and ZIP code
SUNNY ISLES, FL 33160

5b City, state, and ZIP code

6 County and state where principal business is located
DADE, FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor
MARIA A BENSO

7b SSN, ITIN, or EIN
SS# 769-09-7832

8a **Type of entity** (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ _____
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _____
- ☒ Other (specify) ▶ PROFIT CORP
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 **Reason for applying** (check only one box)

- ☒ Started new business (specify type) ▶ _____
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ _____
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ _____
- ☐ Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
10/30/02

11 Closing month of accounting year
DEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶ Agricultural: _____ Household: _____ Other: _____

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☒ Other (specify) INTERCULTURAL EXCHANGE

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
STUDENT EXCHANGE ADVISOR

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ _____ Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name _____ Designee's telephone number (include area code) ( )

Address and ZIP code _____ Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code) (305) 931 7121

Name and title (type or print clearly) ▶ MARIA A BENSO

Applicant's fax number (include area code) (305) 931 8101

Signature ▶ Maria Benso Date ▶ 5/23/02