2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90053 034 ***150.00

DOCUMENT # P93000084214

1. Entity Name

INTERAMERICAN MARKETING SOLUTIONS, INC.

Principal Place of Business	Mailing Address
7600 RED ROAD STE 223 SOUTH MIAMI FL 33143 US	7600 RED ROAD STE 223 SOUTH MIAMI FL 33143-5408 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1320 SOUTH DIXIE HWY	1320 SOUTH DIXIE HWY
Suite, Apt. #, etc. #PH 1250	Suite, Apt. #, etc. #PH 1250
City & State CORAL GABLES, FL 33146	City & State CORAL GABLES, FL 33146
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number 65-0456405 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIGUERAS, SILVIA T
7600 RED ROAD
STE 223
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name: SILVIA T. FIGUERAS

Street Address (P.O. Box Number is Not Acceptable): 1320 SOUTH DIXIE HWY

SUITE #PH 1250

City: CORAL GABLES, FL Zip Code: 33146

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD FIGUERAS, MAURICIO 7600 RED ROAD SOUTH MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FIGUERAS, MAURICIO 1320 SOUTH DIXIE HWY #1250 CORAL GABLES, FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FIGUERAS, SYLVIA 7600 RED ROAD SOUTH MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FIGUERAS, SYLVIA 1320 SOUTH DIXIE HWY #PH 1250 CORAL GABLES, FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FIGUERAS, LUIS G 7600 RED ROAD SOUTH MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FIGUERAS, LUIS G. 1320 SOUTH DIXIE HWY #PH 1250 CORAL GABLES, FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #