

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000084214 1. Entity Name INTERAMERICAN MARKETING SOLUTIONS, INC.	
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Principal Place of Business 1320 S DIXIE HWY PH 1250 CORAL GABLES, FL 33146 US	Mailing Address 1320 S DIXIE HWY PH 1250 CORAL GABLES, FL 33146 US
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03222004 No Chg-P CR2E034 (10/03)

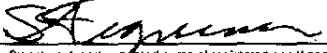
DO NOT WRITE IN THIS SPACE

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 1320 S DIXIE HWY PH 1250 CORAL GABLES, FL 33146
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000117281
04/19/04-80003-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUERAS, MAURICIO 1320 S DIXIE HWY #250 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIGUERAS, SYLVIA 1320 S DIXIE HWY #1250 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIGUERAS, LUIS G 1320 S DIXIE HWY PH #1250 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4/15/04 305 740 7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR