

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
97 NOV 19 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA0000056879

1. Corporation Name
INTER AMERICAN Import and Export, Inc

Principal Place of Business Mailing Address
P.O BOX 491075
Key Biscayne, FL 33149
If above addresses are incorrect in any way, file through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
7-5-96
5. FEI Number
65-0683064
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED [] **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CRISTINA LORIDO	881 OCEAN DR	Key Biscayne, FL 33149
VP	same	" "	" "
S	same	" "	" "
TR	same	" "	" "

8. Name and Address of Current Registered Agent
1

9. Name and Address of New Registered Agent
Name AURELIO PIEDRA
Street Address (P.O. Box Number is Not Acceptable)
780 N W Le Jeune Rd # 516
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
[Signature]
REGISTERED AGENT MUST SIGN

Date 10/27/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Cristina Lorido
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/27/97 (305) 443-7126
Date Daytime Phone #

CP28040 (12/95)