

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G39117** (8)

1. Corporation Name

**INTEROCEANICA AGENCY, INC.**



Principal Place of Business

**550 BILTMORE WAY  
SUITE 730  
CORAL GABLES FL 33134**

Mailing Address

**550 BILTMORE WAY  
SUITE 730  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified  
**04/25/1983**

3a. Date of Last Report  
**04/24/1995**

4. FEI Number  
**59-2298580**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired  
**2 CERTIFICATES**

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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 or director (Required)

(Required) Registered Agent Signature required when recording

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **PINEDA, JORGE HERNAN**  
STREET ADDRESS **251 CRANDON BLVD., 704**  
CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **MT** ☐ DELETE  
NAME **ORO, CARLOS**  
STREET ADDRESS **550 BILTMORE WAY, SUITE 730**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **AS** ☐ DELETE  
NAME **ESCOBAR, ELKIN**  
STREET ADDRESS **10520 SW 146 CRT**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Elkin Escobar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELKIN ESCOBAR**

**4-26-96**

**(305) 445-1542**

Date

Daytime Phone #

CR2E034 (12/95)