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FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
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 33134-5730**

3. Date Incorporated or Qualified **04/25/1983**
3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number **59-2298580** ☐ Applied For ☐ Not Applicable

Suite, Apt #, etc.
22
Suite, Apt #, etc.
27

5. Certificate of Status Desired ☒ 2 Certificates **$8.75** Additional Fee Required

City & State
23
City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30

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

**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 and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | PINEDA, JORGE HERNAN | 1.2 NAME | |
| STREET ADDRESS | 251 CRANDON BLVD.,704 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | KEY BISCAYNE FL | 1.4 CITY-ST-ZIP | |
| TITLE | MT ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ORO, CARLOS | 2.2 NAME | |
| STREET ADDRESS | 550 BILTMORE WAY, SUITE 730 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 2.4 CITY-ST-ZIP | |
| TITLE | AS ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ESCOBAR, ELKIN | 3.2 NAME | |
| STREET ADDRESS | 10520 SW 146 CRT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

14. I do 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 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 4-18-97 (305) 445-1542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #