

FILED  
May 13 1998 8:00am  
Secretary of State

**DOCUMENT # V70725 (9)**  
1. Corporation Name  
**INTER-AMERICA PUGLIESE CORPORATION**

Principal Place of Business	Mailing Address
P.O. BOX 353487	P.O. BOX 353487
PALM COAST FL 32135	PALM COAST FL 32135
US	US

<b>2.</b> Principal Place of Business		<b>2a.</b> Mailing Address	
<b>21</b>		<b>2b</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

g. Name and Address of Current Registered Agent		81	Name
<b>PUGLIESE, CELIA</b> <b>4 FERN CT.</b> <b>PALM COAST FL 32137</b>		82	Street Address
		83	
		84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	<b>P</b> <b>PUGLIESE, CELIA</b> <b>4 FERN CT.</b> <b>PALM COAST FL</b>	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME				1.2 NAME	
STREET ADDRESS				1.3 STREET ADDRESS	
CITY - ST - ZIP				1.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	
NAME				2.2 NAME	
STREET ADDRESS				2.3 STREET ADDRESS	
CITY - ST - ZIP				2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY - ST - ZIP				3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP				4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/13/1992</b>			
4. FEI Number <b>59-3146721</b>	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

10. Name and Address of New Registered Agent		
ess (P.O. Box Number Is Not Acceptable)		
FL	85	Zip Code

I, \_\_\_\_\_, Secretary of the Corporation, submit this statement for the purpose of changing its registered agent's board of directors. I hereby accept the appointment as registered agent.

d when reinstating)	DATE
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[illegible]

14. 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 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:  4/27/98 904-446-9491