

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT



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

**FILED**  
 98 JUN -5 PM 12:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 636142 (2)**  
 1. Corporation Name

**INTEREP, INC.**

Principal Place of Business: **3400 1 Biscayne Tower, 2 S. Biscayne Blvd., Miami, FL 33131**  
 Mailing Address: **3400 1 Biscayne Tower, 2 S. Biscayne Blvd., Miami, FL 33131**

3. Date Incorporated or Qualified: **09/13/1979**  
 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-1935084</b>		<input type="checkbox"/> Not Applicable	
22. Suite, Apt. # etc		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<b>\$8.75 Additional Fee Required</b>	
22		27		<input type="checkbox"/>			
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>	
23		28		<input type="checkbox"/>			
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**Valdes-Fauli Corporate Services, Inc.**  
**3400 1 Biscayne Tower**  
**2 S. Biscayne Blvd.**  
**Miami, Florida 33131**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>Somarriba, Charlotte</b>	
STREET ADDRESS	<b>2 S. Biscayne Blvd., #3400</b>	
CITY-ST-ZIP	<b>Miami, Florida 33131</b>	
TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>Somarriba, Leonardo</b>	
STREET ADDRESS	<b>2 S. Biscayne Blvd., #3400</b>	
CITY-ST-ZIP	<b>Miami, Florida 33131</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>Vazquez-Bello, Clemente L</b>	
STREET ADDRESS	<b>2 S. Biscayne Blvd., #3400</b>	
CITY-ST-ZIP	<b>Miami, Florida 33131</b>	
TITLE	<b>S/T</b>	<input type="checkbox"/> DELETE
NAME	<b>Somarriba, Ana C.</b>	
STREET ADDRESS	<b>2 S. Biscayne Blvd., #3400</b>	
CITY-ST-ZIP	<b>Miami, Florida 33131</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>600002552706-4</b>	
1.3 STREET ADDRESS	<b>-06/09/98-01055-003</b>	
1.4 CITY-ST-ZIP	<b>****150.00 ****150.00</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 a duly authorized officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **Clemente Vazquez-Bello** **5/29/98** **(305) 376-6000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORP-204 (3-05)