2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 22, 2007 08:00 AM DOCUMENT # 205344 **Secretary of State** INTER-AMERICAN FLORIDA LAND CORP. Principal Place of Business Mailing Address 3075 BUCKINGHAMMOCK TRAIL VERO BEACH FL 32960 3075 BUCKINGHAMMOCK TRAIL VERO BEACH FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato Applied For City & State 4. FEI Number 59-0967871 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo STEYER, THOMAS M Stroot Address (P.O. Box Number is Not Acceptable) 3075 BUCKINGHAMMOCK TRAIL VERO BEACH FL 32960 City Zip Code 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TSD ☐ Change ■ Addition Title Delete 11111 STEYER, HELEN NAME NAMI 1070 GREEN STREET APT, 203 U0000059447S STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94133 01/23/07-80001-001 150.00 CITY+SI-ZiP CHY-ST-ZIP Delete Change Addition HIII. STEYER, THOMAS NAME 3075 BUCKINGHAMMOCK TRAIL STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960-4968 CITY-ST-7IP CHY-SI-7IP Change ■ Addition THILE Delete HILLE NAMI NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY - ST - ZIP ☐ Addition Delete NAMI STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ш Delete Change NAME NAME STREET ADORESS STREET ADDRESS CITY-S1-7IP CHY-SI-ZiP ☐ Change Addition TATLE Delete TISTS NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY S1-7IP I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or trustee empowered to execute its report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like dispowered.

OFFICER OR DIRECTOR

FILED