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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90039 014 ***150.00

DOCUMENT # 268980

1. Corporation Name

INTER-A	Merican Engineering C	ORPORATION.	•						
Principal Place	e of Business	Mailing Address					ite da is dib ei d il	III GABAT BIBIL B	IDIT TIDIT (1001
1492 W. FLAGL		1492 W. FLAGLER			1				
SUITE 205	LEM	SUITE 205							
MIAMI FL 3313	5 .	MIAMI FL 33135				DO NOT WRIT	E IN THIS	SPACE	
US	•	US				3. Date Incorporated or Qualifed			
						04/15/1963			
_2 _Principal_P	lace of Business	-2a. Mailing Address				4. FEI Number		. Ap	olied For
21		26				59-1052275			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22	<u> </u>	27						Fee Re	
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	- 1
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Count	try		8. This corporation owes the curre			
24	. 25		30			Personal Property Tax.			□No
	9. Name and Address of Curren	nt Registered Agent	 +.	81	M	10. Name and Address of New R	egisterea A	gent	
1 414	MODIO LODENZO			י ויי	Name				
	IADRID, LORENZO 8 ALTON RD		8	82	Street Addres	ss (P.O. Box Number is Not Accepta	ble)]
	MI BEACH FL 33140		L						
i Milvir	WII BEACH FL 33140		· · · · · · · · · · · · · · · · · · ·	83					}
			. 1		City		FL	85 Zip C	
								hanging its	registered
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	ove-r	named corpor	ration submits this statement for the	purpose or o	alanging to	registered
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florida 100.0505, Florida (197.0505)	s, the abo thorized l da Statut	ove-r by the tes.	named corpor e corporation	ration submits this statement for the i's board of directors. I hereby accep	purpose or o t the appoin	tment as rec	jistered
11. Pursuant office or ragent. I a						·		tment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: F	Registered A		named corpor ne corporation	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered A	lgent si	signature required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: F	Registered A	kgent si	signature required v	ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agei OFFICERS AN PD LAMADRID,LORENZO	nt and title if applicable. (NOTE: F	13. 1.1 TITL	kgent si E ME	signature required v	ADDITIONS/CHANGES TO OFF PRESIDENT LAMADRID, LORENZO	DATE	DIRECTO	RS IN 12
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CITY-ST-ZIP 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 title 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 atactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

MATSAL KEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR