

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

AMENDED ANNUAL REPORT

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 47 3106
1. Corporation Name

INTERAMERICA'S MARKETING CORPORATION

Principal Place of Business
c/o Andrew T. Gerrits
6350 N. Andrews Ave.
Suite 100
Ft. Lauderdale, FL 33309

Mailing Address
c/o Andrew T. Gerrits
6350 N. Andrews Ave.
Suite 100
Ft. Lauderdale, FL 33309

FILED
96 DEC 17 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	Applied For	
22 City & State	27 City & State	Not Applicable	
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Andrew T. Gerrits, Esq.
6350 N. Andrews Ave.
Suite 100
Ft. Lauderdale, FL 33309

10. Name and Address of New Registered Agent

81 Name	Andrew T. Gerrits, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)	6350 N. Andrews Avenue
83 Suite 100	
84 City	Fort Lauderdale
85 Zip Code	FL 33309

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 *Andrew T. Gerrits* Andrew T. Gerrits 12/12/96
(NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input checked="" type="checkbox"/> DELETE	11 TITLE	PD3 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis J. Boeri	12 NAME	Maria H. Boeri
STREET ADDRESS	999 Ponce de Leon Blvd.	13 STREET ADDRESS	5106 Granada Avenue
CITY-ST-ZIP	Coral Gables, FL 33134	14 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	<input type="checkbox"/> DELETE	21 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Andrew T. Gerrits
STREET ADDRESS		23 STREET ADDRESS	6350 N. Andrews Avenue, Suite 100
CITY-ST-ZIP		24 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Andrew T. Gerrits*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

12/9/96

Date

(954) 938-9801

Daytime Phone #

CR2E034 (3/96)