

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 3:02

DOCUMENT # **528360** (1)  
1. Corporation Name  
**INTERAMERICAN BUSINESS ENTERPRISES, INC.**

Principal Place of Business	Mailing Address
6317 TAYLOR ST. P. O. BOX 7496 (HOLLYWOOD-33021) HOLLYWOOD FL 33024 US	6317 TAYLOR ST. P. O. BOX 7496 (HOLLYWOOD-33021) HOLLYWOOD FL 33024 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/18/1977</b>	3a. Date of Last Report <b>01/28/1994</b>
4. FEI Number <b>59-1728005</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**PAEZ, MAX  
6317 TAYLOR ST.  
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: DATE: **2/10/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAEZ, MAX
STREET ADDRESS	6317 TAYLOR ST.
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	D
NAME	PAEZ, MAX E.
STREET ADDRESS	6317 TAYLOR STREET
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	S
NAME	PAEZ, MARIA
STREET ADDRESS	6317 TAYLOR STREET
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	D
NAME	PAEZ, EDGARDO A.
STREET ADDRESS	6317 TAYLOR ST.
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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 furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is a properly prepared annual report in form 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 officer or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report in accordance with an address.

SIGNATURE: DATE: **2/10/95**