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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 529088

Corporation Name

INTERAMERICAN REALTY SERVICES, INC.

								/
Principal Place of Business Mailing Address								
8043 NW 67TH ST MIAMI FL 33166		8043 NW 67TH ST MIAMI FL 33166						
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						04/01/1977		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	}	Applied For
21		26				59-1747334		Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27						Required
City & State	e. <u> </u>	City & State		-		6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Int		□N-
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Cur	rent Registered Agent		04		10. Name and Address of New Registered	Agent	
DAD	RUETA, RAFAEL			81	Name			
			82		Street Addres	ss (P.O. Box Number is Not Acceptable)		
	SW 111 AVE							
ANIM	AI FL 33165			83	1			
				84	City		85 Zi	ip Code
						F <u>L</u>	-	_
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was	authorized	hv	the corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoi	ntment as	registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NO)	E: Registered	Agen	nt signature required w	when reinstating) DATE	<del>-</del>	<del></del>
12.		AND DIRECTORS	13.		-	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	ΓLE			Chang	ge 🔲 Addition
NAME	BARRUETA, RAFAEL		1.2 N					
STREET ADDRESS	ARA - DUI - A - A - A - A - A - A - A - A - A -			T ADDRESS				
	MALE ST. ADJOS							
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP 2.1 TITLE			☐ Chang	ge Addition
1				2.2 NAME				_
NAME					T ADDRESS			
STREET ADDRESS	MIAMI FL 33165							
CITY-ST-ZIP	MIAMI FL 33103	☐ DELETE	3.1 TT		ST-ZIP		☐ Chang	ge Addition
TITLE			3.1 III		- +	and the second s	—.;··;··•	. —
NAME					TADDRESS			
STREET ADDRESS								
CITY-ST-ZIP		The str	3.4. CI		IT-ZIP		☐ Chang	ge 🔲 Addition
TITLE	_	☐ DELETE	4.1 ∏			•		ic Ciridanion
NAME			4. 2 N					
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP					T-ZIP		Chon	no CT Addition
TITLE		☐ DELETE	5.1 TT			•	Chang	ge 🗀 Addition
NAME			5.2 N					
STREET ADDRESS					T ADDRESS			
C/TY-ST-ZIP	1		5.4 CI		T-ZIP			
TITLE		☐ DELETE	6.1 TF		ļ		Chang	ge 🔲 Addition
NAME			6.2 N/	ME	1			
STREET ADDRESS			6.3 ST	REET	TADDRESS			

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 the receiver or trastee 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 attachment with a address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90061 043 \*\*\*150.00