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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

1.10%



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 563906

INTERAMERICAN BUSINESS CORP.

FILED
Apr 24 1997 8:00am
Secretary of State

Principal Place of E	Business	Mailing Addre	Mailing Address					
1385 CORAL WAY SUITE 407 MIAMI FL 33145		1385 CORAL WAY Suite 407 Miami Fl 33145-2941						
. '						<ol> <li>Date incorporated or Qualified 04/05/1978</li> </ol>	3a. Date of Last Report 04/23/1996	
2. Principal Place	of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Applied For	
21		26	26			65-0015288	Not Applicable	
Sulte, Apt. #, et	<b>5</b> .	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip <b>29</b>	~g '			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\simega\) Yo		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
PESCETTO, MARIO 1385 CORAL WAY, STE 407 MIAMI FL 33145			81	Name				
			82	Street Address (P.O. Box Number is Not Acceptable)				
•				83				
				84	City		FL 85 Zip Code	
office or registe	provisions of Sections 607.05 ered agent, or both, in the State niliar with, and accept the oblig	e of Florida. Such chi	ange was authori:	zed by	the corporal	poration submits this statement for the pr tion's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered	
SIGNATURE								
<del></del>	ure, typed or printed name of registered ag				nt signature requi	ired when reinstating)	DATE	
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE   DI			1051515	TATE OF	1		I I Chango I I Addition	

PESCETTO, MARIO NAME 1.2 NAME 2333 BRICKELL AVE.,#1617 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change TITLE 2.1 THLE Addition PESCETTO, EDDA G. 2.2 NAME 2333 BRICKELL AVE #1617 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-\$T-ZIP 2. 4 CITY- ST-ZIP DELETE Change Addition TITLE 3.1 TITLE PESCETTO, MARITZA G. NAME **3.2 NAME** 2333 BRICKELL AVE #1617 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITL€ NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$T-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 61 TITLE Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information sepplied 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 teport 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 confortion or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 Kehanged, or or an autachment with an address.

THARLAMED BY (VEHILL D)

(305)854 - 9533