PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 850527

INTERAMERICANA TRANSPORT INDUSTRIES, INC.

Principal Place	of Business	Mailing Address					
1150 N W 72N	O AVE	P O BOX 523985					
2ND FL		MIAMI FL 33153-985		DO NOT WRITE IN THIS SPACE			
MIAMI FL 33126-965		US					
US					3. Date Incorporated or Qualifed		
					09/29/1981		
<u> </u>	ace of Business	2a. Mailing Address			4. FEI Number	<u></u>	olied For
21	NW 72 Avenue	26 P.O. Box 52	3985		59-2121526		Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
	d Floor	27				Fee Rec	
City & State City & State Mi ami		City & State Miami, Flor:	ida		6. Election Campaign Financing	\$5.00	
23				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip 33153-3985	_ Countr	y USA	8. This corporation owes the current year Int		
24 33126	4 33120 1303 23 0211 23			USA	T. C. G. G. G. C.		□No
	9. Name and Address of Current	Registered Agent		al	10. Name and Address of New Registered	Agent	-,
CT	CODDODATION SYSTEM		8	1 Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			83	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				3		<u> </u>	
			0.				
			84	4 City	FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-named corp	poration submits this statement for the purpose of	changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	f Florida, Such change was autl	horized by	y the corporation	on's board of directors. I hereby accept the appo	intment as reg	istered
agent, Fai	m tamiliar with, and accept the obligati	ons or, Section 607.0303, Florid	a Statute				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered Ag	ent signature require	d when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	HINKE, OLAV						
STREET ADDRESS	THINKE, OLAY		1.2 NAME				
CITY OT ZID	5400 SW 105TH ST		13 STRE	ET ADDRESS			
CITY-ST-ZIP	5400 SW 105TH ST MIAMI FL	☐ DELETE	1.3 STRE	ET ADDRESS ST-ZIP		☐ Change	Addition
TITLE	5400 SW 105TH ST MIAMI FL SD	☐ DELETE	1.3 STRE 1.4 CITY- 2.1 TITLE	ET ADDRESS ST-ZIP		☐ Change	
TITLE NAME	5400 SW 105TH ST MIAM1 FL SD HERNANDEZ, OSCAR	☐ DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP		☐ Change	
TITLE NAME STREET ADDRESS	5400 SW 105TH ST MIAMI FL SD HERNANDEZ, OSCAR 14031 SW 74TH TERRACE	☐ DELETE	1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI	ET ADDRESS ST-ZIP ET ADDRESS		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5400 SW 105TH ST MIAMI FL SD HERNANDEZ, OSCAR 14031 SW 74TH TERRACE MIAMI FL		1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY-	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP			☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	5400 SW 105TH ST MIAMI FL SD HERNANDEZ, OSCAR 14031 SW 74TH TERRACE MIAMI FL TD	☐ DELETE	1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5400 SW 105TH ST MIAMI FL SD HERNANDEZ, OSCAR 14031 SW 74TH TERRACE MIAMI FL TD HINKE, EVA		1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP			☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	5400 SW 105TH ST MIAMI FL SD HERNANDEZ, OSCAR 14031 SW 74TH TERRACE MIAMI FL TD HINKE, EVA 5400 SW 105 ST.		1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS			☐ Addition
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6.2 NAME

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 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 or an attachment with an address, with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

(305) 592-4980 4-28-99

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90182 010 ***150.00

CR2E034 (11/98)