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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

F25206 **DOCUMENT #**

(6)

Mailing Address

INTER-AMERICAN MOVING SERVICES, INC.

3601 N W 55 MIAMI FL 3314		3601 N W 55 ST MIAM) FL 33142		3. Date Incorporated or Qualified	3a. Date of Last Report 04/17/1995
				03/13/1981	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
il i		26		59-2072775	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2		27			
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28	- T	This corporation has liability for it	
Zip	Country	Ζιρ	Country	Horida Statutes X Yes	∏No
4	25	29	30	10. Name and Address of New R	
	9. Name and Address of Curre	nt Hegistereo Agent	81 Name		
			11		1.3
MOSS, MARVIN I			82 Street Add	Address (P.O. Box Number is Not Acceptable)	
1090 KA	NE CONCOURSE #202		83		
Bay Hai	RBOR ISLANDS FL 33154				
			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607,1508, Florida Staturida, Such change was author	ites, the above named corporation's bo	oration submits this statement for the pur pard of directors. Thereby accept the appe	ruose of changing its registered off ointment as registered agent. I am
DONATHINE	i, and accept the obligations of, occ	ONOT BOT TOO BOT THE TENT		oration submits this statement for the pur lard of directors. Thereby accept the appropriate the comments of t	rpose of changing its registered of ointment as registered agent. Fan par
SIGNATURE	Signature, typed or printed name of registered age	int and title it applicable.	VOTE Registered Agent signature rend		rpose of changing its registered of ointment as registered agent. Fan par
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SIGNATURE	Signature, typed or printed name of registered again OFFICERS AT DP RIGNAULT, TERENCE A	ont and the frapplicable. (ND DIRECTORS	13.	jo, Eviligi i recestatnigi	pose of changing its registered of ointment as registered agent. Fan DATE ICERS AND DIRECTORS IN 12
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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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 137 changed, or or an attachment with an address.

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5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-7IP

5.4 CITY - ST - ZIP

5 1 TOLE

5.2 NAME

6. 1 TUTUE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELFTE

01/15/96 305-633-3727

Change

Addition

Change Addition