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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F88732

1. Corporation Name
FLORIDA INTERLANDS, INC.

Principal Place of Business	Mailing Address
One Alhambra Plaza Suite 1415 Coral Gables, FL 33134	One Alhambra Plaza Suite 1415 Coral Gables, FL 33134

3. Date Incorporated or Qualified: 06/29/1982
3a. Date of Last Report: 5/1/96

2. Principal Place of Business	2a. Mailing Address
21 701 Brickell Ave.	26 701 Brickell Ave.
Suite, Apt. #, etc. 22 Suite 1415	Suite, Apt. #, etc. 27 Suite 1415
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip 24 33134 Country 25 USA	Zip 29 33134 Country 30 USA

4. FEI Number: 59-2499599 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Avila, Alcides I.
701 Brickell Ave., Suite 3000
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name: INTRASTATE REGISTERED AGENT CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave., Suite 3000
83
84 City: Miami FL 85 Zip Code: 33131

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. INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE By: Steven H. Hagen, Vice President DATE 4/4/97
Signature, type or print name of registered agent and title if applicable (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Caso, Juan Jose One Alhambra Plaza, #1415 Coral Gables, FL 33134	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Caso, Juan Jose One Alhambra Plaza, #1415 Coral Gables, FL 33134	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Avila, Alcides I. 701 Brickell Ave., #3000 Miami, FL 33131	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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600002156246
-04/28/97--01076--041
***165.00

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 04/16/97 — Daytime Phone