2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # F9600005245 1. Entity Name INTER-AMERICAN REAL ESTATE, INC.						00 LLD 31.				
Principal Place	e of Business	Mailing Address				00 FEB 24 PH 1: 37				
3690 N.W. 62ND STREET MIAMI FL 33147		3690 N.W. 62ND STREET MIAMI FL 33147-7540				SECRETALL OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. 1	65-07042	15		t Applicable	
Zip Country		Zip	try	5. (Certificate of Status Desired		8.75 Addi			
	6. Name and Address of Current R	egistered Agent			7. N	Name and Address of New	Registered Ag	ent		
			Name		N _a					
CORPORATION SERVICE COMPANY 1201 HAYS STREET-		~		Street Address (P.O. Box Number is Not Acceptable)						
TALL	LAHASSEE FL 32301-2525			City				Zip Code		
	named entity submits this statement for t					FL	2.0000	<u> </u>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			State					
11.	OFFICERS AND D	IRECTORS Delete	12. TITLE	· ·	AL	DITIONS/CHANGES TO OF		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUAREZ, DIEGO R 3690 N.W. 62ND STREET MIAMI FL 33147	□ Delete	NAM STRE	ı		80000 3 -03/03	1557 3/0001	.48 -	3 01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUAREZ, PEDRO R 3690 N.W. 62ND STREET MIAMI FL 33147	☐ Delete		1		80000 3 -03/0		- '48 - 0110	0 _E 00 _{dition} 3 102 8.75	
TITLE NAME_ STREET ADDRESS CITY-ST-ZIP	S GENAUER, MARTIN J 2 ALHAMBRA PLAZA SUITE 1202 CORAL GABLES FL 33134	☐ Delete		li i			1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GONZALEZ, DULCE M 3690 N.W. 62ND STREET	☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33147	☐ Delete	TITLE NAM STRE			,		Change	Addition	
TITLE TABLE TO THE STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAM STRE	<u> </u>	į	TS /	,	Change	Addition	
13. I hereby o	Certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoyer.	rup and accurate and that :	mu ciano	turo chall have	the eame	local attact as it made unde	r oath: that I am	n an officer	or director	

FEB 17 2000

305-633-0351

Daytime Phone #