

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K30615 (4)

INTERAMERICAN TRADE AND TRANSPORT, INC.



| Principal Place of Business | Mailing Address |
|--|--|
| 1150 N.W. 72 AVE.. PENTHOUSE MIAMI FL 33126 | 1150 N.W. 72 AVE.. PENTHOUSE MIAMI FL 33126 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/10/1988 | 3a. Date of Last Report 04/14/1995 |
| 4. FEI Number 65-0128469 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

BELLOWS, GREGORY
1975 EAST SUNRISE BLVD., STE 765
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10216

12 OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | | | | | | | | |
|-----------------|--|--------------------------|----------|------|-------|--------|----------|---------|------------|-------|---------|
| 12. | | DATE | 11/11/71 | TIME | 11:00 | STATUS | SEARCHED | INDEXED | SERIALIZED | FILED | DELETED |
| TITLE | | D | | | | | | | | | |
| NAME | | RIVEROS, ROBERTO LEIGH | | | | | | | | | |
| STREET ADDRESS | | 1150 N.W. 72ND AVENUE PH | | | | | | | | | |
| CITY - ST - ZIP | | MIAMI FL 33126 | | | | | | | | | |

| | | |
|-----------------|----------------------------------|---------------------------------|
| CITY - ST - ZIP | PO | <input type="checkbox"/> DELETE |
| TITLE | BELLOWS, GREGORY | |
| NAME | 1975 E. SUNRISE BLVD., SUITE 765 | |
| STREET ADDRESS | FT. LAUDERDALE FL 33304 | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|-------|---------|
| CITY - ST - ZIP | STATE | DELETED |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | DELETED |

| | | |
|-----------------|--|---------------------------------|
| CITY - ST - ZIP | | <input type="checkbox"/> DELETE |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | <input type="checkbox"/> DELETE |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS WIFE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--|--|---------------------------------|-----------------------------------|
| 1 1 TITLE | | | |
| 1 2 NAME | | | |
| 1 3 STREET ADDRESS | | | |
| 1 4 CITY - ST - ZIP | | | |
| 2 1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2 2 NAME | | | |
| 2 3 STREET ADDRESS | | | |
| 2 4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3 1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3 2 NAME | | | |
| 3 3 STREET ADDRESS | | | |
| 3 4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4 1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4 2 NAME | | | |
| 4 3 STREET ADDRESS | | | |
| 4 4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5 1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5 2 NAME | | | |
| 5 3 STREET ADDRESS | | | |
| 5 4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6 1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6 2 NAME | | | |
| 6 3 STREET ADDRESS | | | |
| 6 4 CITY - ST - ZIP | | | |

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/96 (305) 594-3930

CR2F034 (3/96)