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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K75976** (6)

1. Corporation Name
INTERAMERICAN EXPRESS, INC.



Principal Place of Business: **2129 W. FLAGLER ST. MIAMI FL 33135 US**
Mailing Address: **P.O. BOX 350850 MIAMI FL 33135**

3. Date Incorporated or Qualified 03/28/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0107014	Applied For <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent VALDES, MARIA J. 2457 COLLINS AVENUE APT. 1704 MIAMI BEACH FL 33140	10. Name and Address of New Registered Agent 81 Name FRANCISCO R. COSIO, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 2223 CORAL WAY, MIAMI, FL. 33145 83 84 City 85 Zip Code FL
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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: *Francisco R. Cosio, Esq.* DATE: **2/14/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE: VD	NAME: VALDES, JOSE E., JR.	1.1 TITLE: PRES/DIR	NAME: VALDES, JOSE E., JR.
STREET ADDRESS: 81 KING CT., APT. 12A	CITY-ST-ZIP: SANTURCE, P. RICO	1.3 STREET ADDRESS: R R 5, BOX 5966	1.4 CITY-ST-ZIP: BAYAMON, PUERTO RICO, 00956
TITLE: PD	NAME: VALDES, MARIA J.	2.1 TITLE:	NAME:
STREET ADDRESS: 2457 COLLINS AVE. #1704	CITY-ST-ZIP: MIAMI BEACH FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: ST	NAME: VALDES, MARIA J.	3.1 TITLE:	NAME:
STREET ADDRESS: 2457 COLLINS AVE. #1704	CITY-ST-ZIP: MIAMI BEACH FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: ST	NAME: VALDES, JOSE E., JR.	4.1 TITLE:	NAME:
STREET ADDRESS: 81 KING CT., APT. 12A	CITY-ST-ZIP: SANTURCE, P. RICO	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose E. Valdes, Jr.* DATE: **2-14-96** (Typed Name) **JOSE E. VALDES, JR.** (Typed Date)

CR2E034 (12/95)