FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # K75976**

1. Corporation Name

INTERAMERICAN EXPRESS, INC.

	2						
Principal Place of Business Mailing Address				(:88:91; 41, 1988; Bivie 1977, 1994			
2129 W. FLAGLER ST. 2129 W. FLAGLER ST					·		
MIAMI FL 33135 - MIAMI FL 33135		MIAMI FL 33135			DO NOT WIDITE IN	THIS SDACE	
US US			DO NOT WRITE IN THIS SE		THIS SPACE		
					3. Date Incorporated or Qualifed		
					03/28/1989		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		lied For
21 2		26		65-0107014		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22			سال الرواي التي التي التي المستوينية بيا المحمد التي المحمد التي التي التي التي التي التي التي التي				
City & State	e .	City & State	City & State		6. Election Campaign Financing	\$5.90 1	
23 28		28			Trust Fund Contribution	Anded to	Fees
Zip			Country	/	8. This corporation owes the current year		ا ا
24	25	29 3	30		Personal Property Tax.		□No
	9. Name and Address of Current	nt Registered Agent			10. Name and Address of New Regist	ered/Agen	
			81	Name		/ \	
ESCOTO, ISABEL M.			82	Street Add	ress (P.O. Box Number is Not Acceptable)	/ 	
8330 SW 30TH ST				0			
 ΑΡΤ.	. 1704•		83				
MIAN	VII FL 33155				<u> </u>	85 Zip C	odo
			84	City		FL 85 Zip C	oue
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	s, the abov	e-named com	poration submits this statement for the purpo	se of changing its r	egistered
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	thorized by	the corporati	oration submits this statement for the purpo on's board of directors. I hereby accept the a	appointment as reg	istered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statutes	5.		•	
SIGNATURE		AIOTE E	Panistand Ass	et eignatura require	ed when reinstating) DA	TE	\
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ili signatoro require	ADDITIONS/CHANGES TO OFFICER	<u> </u>	RS IN 12
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6.4 CITY-ST-ZIP

14. I 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 a) address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90051 039 ***150.00