"AMENDED"

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009853

1. Entity Name
INTERAMERICANA, LLC

FILED
01 OCT 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4995 NW 72 Avenue Suite 302 Miami, FL 33166	4995 NW 72 Avenue Suite 302 Miami, FL 33166

2. Principal Place of Business	3. Mailing Address
1800 W. 49 St.	1800 W. 49 St.
Suite, Apt. #, etc.: Suite 305	Suite, Apt. #, etc.: Suite 305
City & State: Hialeah, FL	City & State: Hialeah, FL 33012
Zip: 33012 Country: USA	Zip: 33012 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1035327 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Ana C. Harris, Esq.
200 South Biscayne Blvd, Suite 2350
Miami, FL 33131

7. Name and Address of New Registered Agent

Name: Ana C. Harris
Street Address (P.O. Box Number is Not Acceptable): Katz, Barron
2699 S. Bayshore Drive, 7th Floor
City: Miami FL Zip Code: 33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 10/19/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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-11/06/01--01003--025
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Schneider, Julio Vicente 15555 Miami Lakeway N, 102 Miami, FL 33014 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Antonio Sergio Rahal c/o Katz, Barron et al 2699 S. Bayshore Dr, 7th Miami, FL 33133 [X] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature], Antonio Sergio Rahal 10/21/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #