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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00116

(8)

INTERAMERICAN MARKETING SERVICES, INC.

Donal of Class	o of flavoron	Maille	no fuldione							
Principal Place of Business Mailing Address										
			18 SW 103 AVE NMI FL 33173-3906							
US		US					3. Date Incorporated or Qualified 07/06/1989		ite of Last R 01/1996	leport
2. Principal P	lace of Business	2a. M	failing Address				4. FEI Number		Ar	pplied For
21	200 a	26					65-0130765		No.	ot Applicable
Suite Apt	#, etc.	27 St	uite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	е	Ci	ity & State				6. Election Campaign Financing		\$5.00	May Be
23		28	· · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution			to Fees
Zip ==:1	Country	Zij	Р	├ ────	uniry		8. This corporation has liability for	intangible Yes [tax under s	. 199.032,
24	25 9. Name and Address of Curr	29	ed Agent	30	т		Florida Statutes 10. Name and Address of New Re			
		our Dadisten	au Main		81	Name	IV. Hame and Address of Hear No	Alatalan v	Agus	
	IANDA, ALVARO A.									
	8 SW 103 AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)					
MIM	MI FL 33173				83					
					84	City		FL	'	Code
11. Pursuant	to the provisions of Sections 607.09	502 and 607.	.1508, Florida Stati	utes, the a	bove	named co	prporation submits this statement for the p	surpose of	changing in	ts registered
office or r agent. La	egistered agent, or both, in the Sta ini familiar with, and accept the obt	ite of Florida. ligations of, S	Such change was section 607.0505, f	s authorize Florida Sta	id by itutes	the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	of the appo	ointment as	registered
SIGNATURE	,									
SICHARTOIR	Supercase type of or printed name of registered a			OTE Registere	ad Age	nt signature rec	quired when reinstaling)	DATE		
12.	T	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND		
Title	D		DELETE	1.1 Ti	ITLE				Change	Addition
NAME	MIRANDA, ALVARO A.			1.2 N	IAME					
STREET ADDRESS	8238 SW 103 AVE			1,3 S	TREET	ADDRESS				
City-St Zip	MIAMI FL			1.4 C	ITY - ST	r-zip			-	
TITLE	D		☐ DELETE	2.1 11					Change	Addition
NAME	MIRANDA, SONIA M.			2.2 N		Į				
STREET ADDRESS	8238 SW 103 AVE					ADDRESS				
CITY - \$1 - 712	MIAMI FL		T per exe		CITY-S	iT - ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>		r,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITEF			DELETE	9.1 TI					Change	Addition
NAMC				3.2 N						
STREET ADDRESS						ADDRESS				
CHY-S1-ZF			DELETE		CITY-S	T-ZIP			T Chages	I Addition
THLF			[] occur	4.1 Ti					L. Change	Addition
NAME					NAME					
STREET ADDRESS						ADDRESS				
COTY-ST-20P TOTALE	·····		DELETE	4.4 C	ITY - \$1	I-ZIP			Change	Addition
NAME			La Decem	5.1 U 5.2 N					C Orenigo	LI hudivan
STREET ADORESS				I '		ADDRESS				
COLY-SH-ZIF THEE			DELETE	5.4 C	OTY-SI	- 217			Change	Addition
NAME				62 N						hard *
STREET ADDRESS						ADDRESS				
CHY-S1-7#					CITY-SI					
	by certify that the information suppl	lied with this !	filing does not gur				ted in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the
informatic Lam an o	on indicated on this annual report of	r supplement or the receive	tal annual report is er or trustee empo	s true and a owered to a	accu	rate and th	nat my signature shall have the same lega port as required by Chapter 607, Florida S	al effect as	if made un	ider oath; tha

SIGNATURE:

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/51/97 (305)596-4178
Dayline Phone #

FILED

Apr 28 1997 8:00am

Secretary of State

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