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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

L00116 (8)

| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------|
| 8238 SW 103 AVE             | 8238 SW 103 AVE |
| MIAMI FL 33173              | MIAMI FL 33173  |
| US                          | U\$             |

**FILED** Feb 18 1998 8:00am Secretary of State

| INTER                         | american marketing s   | ERVICES, INC.   |  |   |   |
|-------------------------------|--|---|--|---|---|
| Principal Plac                | e of Business  | Mailing Address   |  |   | BION OLDN GLON BION BION BION                             |
| 8236 SW 103                   | 3 AVE  | 8238 SW 103 AVE   |  |   |   |
| MIAMI FL 33173 MIAMI FL 33173 |  |   |  | DO NOT WRITE IN TH  | IIS SPACE   |
| US                            |  | U\$   |  | 3. Date Incorporated or Qualified   | IIO OI ACL  |
|                               |  |   |  | 07/06/1989  |   |
| 2. Principal P                | Place of Business  | 2a. Mailing Address   | V- 7/31  | 4. FEI Number   | Applied For   |
| 21                            |  | 26  |  | 65-0130765  | Not Applicable  |
| Suite, Apt.                   | #, etc.  | Suite, Apt. #, etc.   | · · · · · · · · · · · · · · · · · · ·                                    | 5. Certificate of Status Desired  | \$8.75 Additional   |
| 22                            |  | 27  |  |   | Fee Required  |
| <b>—</b> '                    |  | City & State  |  | 6. Election Campaign Financing  | \$5.00 May Be   |
| Zip                           | Country  | <b>28</b>   | Country  | Trust Fund Contribution   | Added to Fees   |
| 24                            | 25   | 29  | 30   | This corporation owes or has paid the<br>Personal Property Tax due June 30.                       | Yes No  |
|                               | 9. Name and Address of Curre   |   | 1001   | 10. Name and Address of New Register  |   |
| М                             | RANDA, ALVARO A.   |   | 81 Name  |   |   |
| 8238 SW 103 AVENUE            |  |   | 82 Street Ad   | Idress (P.O. Box Number is Not Acceptable)  |   |
|                               | AMI FL 33173   |   | Janeot Au  | (COUNTY OF DON MOTHOR IS NOT ACCEPTABLE)  |   |
|                               |  |   | 83   |   |   |
|                               |  |   | 84 City  |   | 85 Zip Code   |
|                               |  |   |  | F   | L   S   Zip Code  |
| agent. I a                    | to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obtions the section of the control of the contro | 502 and 607.1508, Florida Statu<br>le of Florida. Such change was<br>gations of, Section 607.0505, Fl | ites, the above-named co<br>authorized by the corpor<br>lorida Statutes. | orporation submits this statement for the purpositation's board of directors. I hereby accept the | e of changing its registered<br>appointment as registered |
| SIGNATURE                     | Signature, typed or printed name of registered a   | gent and title if applicable. (NO   | TE: Registered Agent signature req                                       | guired when reinstating) DAT  | <u> </u>  |
| 12.                           |  | ND DIRECTORS  | 13.  | ADDITIONS/CHANGES TO OFFICERS A   |   |
| TITLE                         | D  | DELETE  | 1.1 TITLE  |   | Change Addition   |
| NAME                          | MIRANDA, ALVARO A.   |   | 1.2 NAME   |   |   |
| STREET ADDRESS                | 8238 SW 103 AVE  |   | 1.3 STREET ADDRESS   |   |   |
| CITY-ST-ZIP                   | MIAMI FL   | D prieze  | 1.4 CITY - ST - ZIP  |   | Change  |
| TITLE                         | D CONTRACTOR   | ☐ DEL <b>ete</b>  | 2.1 TITLE  |   | Change Addition   |
| NAME                          | MIRANDA, SONIA M.  |   | 2.2 NAME   |   |   |
| STREET ADDRESS                | 8238 SW 103 AVE  |   | 2.3 STREET ADDRESS   |   |   |
| CITY-ST-ZIP                   | MIAMI FL   | DELETE  | 2.4 CITY-ST-ZIP  |   | Change Addition   |
| TITLE<br>NAME                 |  | € Dettere   | 3.1 TITLE<br>3.2 NAME  |   | C crange E Nontion  |
| STREET ADDRESS                |  |   | 3.3 STREET ADDRESS   |   |   |
| CITY-ST-ZIP                   |  |   | 3.4. CITY-ST-ZIP   |   |   |
| TITLE                         |  | DELETE  | 4.1 TITLE  |   | Change Addition   |
| NAME                          |  |   | 4.2 NAME   |   |   |
| STREET ADDRESS                |  |   | 4.3 STREET ADDRESS   |   |   |
| CITY-ST-ZIP                   |  |   | 4.4 CITY-ST-ZIP  |   |   |
| TITLE                         | ***************************************  | DELETE  | 5.1 TITLE  |   | Change Addition   |
| NAME                          |  |   | 5.2 NAME   |   |   |
| STREET ADDRESS                |  |   | 5.3 STREET ADDRESS   |   |   |
| CITY-ST-ZIP                   |  |   | 5.4 CITY - ST - ZIP  |   |   |
| TITLE                         |  | ☐ DELETE  | 6.1 TITLE  |   | Change Addition   |
| NAME                          |  |   | 6.2 NAME   |   |   |
| STREET ADDRESS                |  |   | 6.3 STREET ADDRESS   |   |   |
| CITY-ST-ZIP                   |  |   | 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 cooperation 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.