

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L37214 (8)

1. Corporation Name

INTERAMA SERVICES, INC.

95 MAR 14 AM 10: 03

Principal Place of Business

380 NE 67 ST
MIAMI FL 33138

Mailing Address

380 NE 67 ST
MIAMI FL 33138

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/19/1989

3a. Date of Last Report

04/15/1994

4. FEI Number

65-0166730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Date, Apt. #, etc.

26. Date, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARON, IRMA
4400 PALM LN
MIAMI FL 33137

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

380 N E 67 Street

83.

84. City
Miami

FL

85. Zip Code
33138

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 agree to, the provisions of, Section 607.0506, Florida Statutes.

SIGNATURE

Irma Baron Director

3/11/95

12. OFFICERS AND DIRECTORS

12.1	12.2
NAME	D
NAME	BARON, IRMA
STREET ADDRESS	4400 PALM LANE
CITY - ST - ZIP	MIAMI FL
NAME	V
NAME	MARZOA, REGLA
STREET ADDRESS	1550 BRICKELL AVE #B 305
CITY - ST - ZIP	MIAMI FL
NAME	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	380 N E 67 Street
1.4 CITY - ST - ZIP	Miami FL 33138
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	380 N E 67 Street
2.4 CITY - ST - ZIP	Miami FL 33138
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information reported on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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 with a black ink 12 or black 11 on the corporation or on an attachment with an address.

SIGNATURE:

Irma Baron

3/11/95

3057512716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR