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

SIGNATURE:

May 18 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L37214 (8)INTERAMA SERVICES, INC. Principal Place of Business Mailing Address 380 NE 67 ST 380 NE 67 ST MIAMI FL 33138 MIAMI FL 33138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0166730 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BARON, IRMA 380 N E 67TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33138** В3 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statules, 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 accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or pulled name of registered agent and to elit applicable (NOTE: Registered Agent signature required when reinstating) 2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE BARON, IRMA NAME 1.2 NAME 380 NE 67TH STREET STREET ADDRESS 1 3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE MARZOA, REGLA 2.2 NAME 380 NE 67TH STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE Change 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 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 by 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change I, or in an attachment with an address.

Irma Baron(D)

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