FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M95436** **(5)**

1. Corporation Name
INTERLAGOS, INC.

Principal Place of Business
% ROBERTO PERKINS
401 MIRACLE MILE. SUITE 408
CORAL GABLES FL 33134-4926

Mailing Address
% ROBERTO PERKINS
401 MIRACLE MILE. SUITE 408
CORAL GABLES FL 33134-4926

3. Date Incorporated or Qualified: **08/23/1988**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **98-0046453** ☐ 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

9. Name and Address of Current Registered Agent

PERKINS, ROBERTO
401 MIRACLE MILE
SUITE 408
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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 accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIDALGO, LEOPOLDO C. 401 MIRACLE MILE, #408 CORAL GABLES FL	☐ DELETE	1 TITLE / 1a NAME / 1b STREET ADDRESS / 1c CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CIFUENTES, LEOPOLDO 401 MIRACLE MILE, #408 CORAL GABLES FL	☐ DELETE	2 TITLE / 2a NAME / 2b STREET ADDRESS / 2c CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PERKINS, ROBERTO P. 401 MIRACLE MILE, #408 CORAL GABLES FL	☐ DELETE	3 TITLE / 3a NAME / 3b STREET ADDRESS / 3c CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4 TITLE / 4a NAME / 4b STREET ADDRESS / 4c CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 TITLE / 5a NAME / 5b STREET ADDRESS / 5c CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 TITLE / 6a NAME / 6b STREET ADDRESS / 6c CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is substantially complete, and that such information is, to the best of my knowledge, true and accurate. I further certify that the information indicated on this report or supplemental requirement 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 in Block 12 or Block 13 above, or on an attachment with an entry in Block 13.

SIGNATURE: _____ 3/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Leopoldo Cifuentes

CR2E034 (12/95)