

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90200 001 ***210.00

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1. Entity Name
INTER-AMERICAN DIVISION, INC.



Principal Place of Business

8100 SW 117 AVE
MIAMI, FL 33183

Mailing Address

8100 SW 117 AVE
MIAMI, FL 33183

66002321



02082006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1472648

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD - TEAM 1
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TP
NAME	LEITO, ISRAEL
STREET ADDRESS	8100 SW 117 AVE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	TT
NAME	VERDUZCO, FILIBERTO
STREET ADDRESS	8100 SW 117 AVE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	TS
NAME	PERLA, JUAN
STREET ADDRESS	8100 SW 117 AVE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JUAN O. PERLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/2006

Date

305-403-4700

Daytime Phone #