2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90253 015 ***158.75

DOCUMENT # P02000099924

1. Entity Name
Interamerican Merchandising Group, Inc.

DO NOT WRITE IN THIS SPACE

-3072786

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6557 N.W. 43rd Terr.	6557 N.W. 43rd Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33496-4048 Country: USA	Zip: 33496-4048 Country: USA

4. FEI Number: 52-2378509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Duque Jaime

Street Address (P.O. Box Number is Not Acceptable): 6557 N.W. 43rd Terr.

City: Boca Raton, FL FL Zip Code: 33496

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 _____ Jaime Duque
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P	TITLE	
NAME	Duque, Jaime	NAME	
STREET ADDRESS	6557 N.W. 43rd Terr.	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	CITY-ST-ZIP	
TITLE	D/S/T	TITLE	
NAME	Duque, Veronica	NAME	
STREET ADDRESS	6557 N.W. 43rd Terr.	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jaime Duque 561-959-0125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32361F.1