FILED
Jun 23, 2002 8:00 am
Secretary of State
05-02-2002 90108 019 ***150.00

2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000013084

1. Entity Name
IAM Interamericana, Inc

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1401 W Flagler	
Suite, Apt. #, etc. 201	Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33135 Country Dade	Zip Country

4. FEI Number 65-0393924 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name Campo, Luis
Street Address (P.O. Box Number is Not Acceptable) 4898 NW 7 St
City Miami FL Zip Code 33126

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

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

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Girona, Arturo	NAME	
STREET ADDRESS	11200 SW 70 Ave	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33156	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Fernandez Georgina	NAME	
STREET ADDRESS	428 SW 5 Ave	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33130	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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13. 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 11 or on an attachment with an address, with all other like empowered

SIGNATURE: G Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 Date (305) 644-0505 Daytime Phone #