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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Marris**

Secretary of State DIVISION OF CORPORATIONS

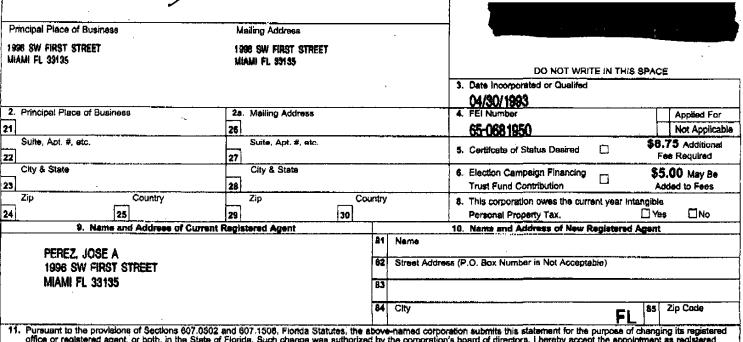
DOCUMENT # 1. Corporation Name	P93000031561
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INTEROCEANIC GALEON, INC

1998 SW FIRST STREET

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90283 004 \*\*\*150.00



11. Pursuant to the provisions of Sections 607.0502 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					
44		tegistensd Agent signature re			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	(Place a second	
TITLE	PD DELETE	1.1 TITLE	S/D	🛄 Change	Addition
NAME	PEREZ, JOSE A	12 NAME	PEREZ SALAMERO		
STREET ADDRESS	1996 SW FIRST STREET	1.5 STREET ADDRESS	1996 SW First Street		,
CATY-ST-ZIP	MIAMI FL 33135	1.4 CITY-ST-ZIP	Miami, Florida 33135		
TITLE	☐ DELETE	2.1 TIYLE	····	Change	Addition
NAME		2.2 NAME			- 1
STREET ADDRESS		2.9 STREET ADDRESS			· ·
CITY-ST-ZIP		2.4 CITY-8T-ZIP			
TITLE	☐ DELETE	a.1 TITLE		☐ Change	☐ Aridition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
C1TY-87-21P	·	3.4. CITY-\$T-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME	·	4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-9T-ZIP		4.4 CITY-ST-ZIP	•		
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		8.3 STREET ADDRESS			İ
CITY-ST-ZIP		8.4 CITY-67-2IP			
TITLE	☐ DELETE	6.1 TITLE		Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ACCRESS			
CITY-ST-ZIP		64 CITY- 6T-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 or suppliertantial annual report is true and occurs and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receives of restar empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a state papears with an address, with all other like empowered. president

SIGNATURE:

HARLE Jose A. Peren

CR2E034 (11/98)