FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042742 (5)**

1. Corporation Name

INTERLAKEN INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2469 COLLINS AVE MIAMI BCH FL 33140 US	2469 COLLINS AVE MIAMI BCH FL 33140 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/16/1993**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21:

Suite, Apt. #, etc.
22:

City & State
23:

24: 25:

2a. Mailing Address
26:

Suite, Apt. #, etc.
27:

City & State
28:

29: 30:

4. FEI Number: **65-0432991** ☐ 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 authority to indemnify its officers and directors under s. 607.0850, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NELSON, GARRY E
801 BRICKELL AVE
9TH FL
MIAMI FL 33131

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 607.0501 and 607.1505, 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

12. OFFICER(S) AND DIRECTOR(S)		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS	☐ Change ☐ Addition
NAME	DE BARROS, CLAUDIO R	
STREET ADDRESS	2469 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	~~OK~~	☐ Change ☐ Addition
NAME	~~SEECHI, PALOMA~~	
STREET ADDRESS	~~10488 COLLINS AVE #704~~	
CITY-ST-ZIP	~~MIAMI BCH FL~~	
TITLE	T	☐ Change ☐ Addition
NAME	SCHNEEBELI, BERNARDO	
STREET ADDRESS	210 174 ST APT 1703	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is absolutely true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in the annual report or supplemental annual report filed herein is true and correct 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address with an address.

SIGNATURE: [signature]

05/01/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIO R DE BARROS

0140000 CP