

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

06/16/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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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 liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
DE BARROS, CLAUDIO R
2469 COLLINS AVE
MIAMI BCH FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SCHNEEBELI, BERNARDO
210 174 ST APT 1703
N MIAMI BCH FL**

☐ DELETE

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STREET ADDRESS
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11 TITLE
12 NAME
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14 CITY-ST-ZIP

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33 STREET ADDRESS
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41 TITLE
42 NAME
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51 TITLE
52 NAME
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54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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**600001917758
-08/09/96--01033--021
***225.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**08/06/96 (305) 538-5721
08/09/96**

CR2E034 (3/96)