


FILED

Apr 24 1997 8:00am
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1997</div> <div></div> <div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>Apr 24 1997 8:00am</div> <div>Secretary of State</div>	
<div>DOCUMENT # P93000078590 (5)</div> <div>1. Corporation Name INTERADORA CORPORATION 2450 SW 137 Ave Suite 215 MIAMI, FL 33175</div> <div>Principal Place of Business: Mailing Address</div>			
<div>2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24</div>		<div>3a. Date of Last Report</div> <div>3. Date Incorporated or Qualified</div> <div>4. FFL Number 65-0450744</div> <div>Applied For Not Applicable</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div> <div>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</div> <div>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	
<div>2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29</div>		<div>3b. Date of Last Report</div> <div>4. FFL Number</div> <div>5. Certificate of Status Desired</div> <div>6. Election Campaign Financing</div> <div>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</div>	
<div>9. Name and Address of Current Registered Agent ANTONIO PROVERO 2450 SW 137 Ave Suite 215 MIAMI, FL 33175</div>		<div>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</div>	
<div>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.</div> <div>SIGNATURE: Antonio Provero (NOTE: Registered Agent signature required when reinstating) DATE: 04-08-97</div>			
<div>12. OFFICERS AND DIRECTORS PT5 <input type="checkbox"/> DELETE NAME: ANTONIO PROVERO STREET ADDRESS: 2450 SW 137 Ave Suite 215 CITY-ST-ZIP: MIAMI FL 33175 VP <input type="checkbox"/> DELETE NAME: GASPARO STILLONE STREET ADDRESS: 2450 SW 137 Ave Suite 215 CITY-ST-ZIP: MIAMI FL 33175</div>		<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</div>	
<div>14. I do 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 supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.</div>		<div>600002156426 -04/28/97--01034--031 ***165.00</div>	
<div>SIGNATURE: Antonio Provero SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>		<div>04-08-97 229-9050 Date Daytime Phone #</div>	