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AND
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1995 MAY -1 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000009899 (3)

1. Corporation Name

INTERUSA, INC.

Principal Place of Business

1810 S.W. 5TH AVE.
MIAMI FL 33129

Mailing Address

1810 S.W. 5TH AVE.
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 12144 FLORIDA WOODS LN 12144 FLORIDA WOODS LN

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

22 ORLANDO FL.

City & State

City & State

23 ORLANDO FL.

City & State

City & State

24 32824 25 8604 29 32824 30 8604

Zip

Country

Zip

Country

4. FEI Number

65-0464542

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

NELSON, GARRY
801/BRICKELL AVE.
9TH FLOOR
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 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 of person or persons of registered agent and his or her address)

(NOTE: Registered Agent signature required when creating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
BARBOSA, LUIZ C
1810 S.W. 5TH AVE.
MIAMI FL 33129

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
BARBOSA, DAGMAR C.F.
1810 S.W. 5TH AVE.
MIAMI FL 33129

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
200001492622
-05/17/95--01188
*****200.00 *****200.00

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
JES
5-1
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIZ C. BARBOSA

04-10-95

407.8500605