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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 15 1998 8:00am

ANNU	ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
DOCUMENT # P9400065712 (9) INTERSTATE TITLE & ESCROW, INC.								14 114 114
Principal Plac	e of Business	Mailing	Address			-{		
100 S.E. 2ND		J	E . 2ND S T.			ļ		
SUITE 3700		SUITE :	3700			DO 1107 115175 11 7 116	00405	
Miami el 331 Us	31 '	-MIAMILI US	FL 33131			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	 _
		00				09/07/1994		
2. Principal P	lace of Business		ing Address		1	4. FEI Number	Ap	plied For
21 200	o weston love		>500 U	seston lo		65-0567561		t Applicable
Suite, Apt.	#, etc. 103	27 Suite	e, Apt. ₩, etc. SX-C	103		5. Certificate of Status Desired	\$8.75 A	
City & State	landardale +C	City	& State	late Pl		6. Election Campaign Financing Trust Fund Contribution	\$5.00	
23	Country	28 + + Zip	C WOOS C	Country		Trust Fund Contribution 8. This corporation owes or has paid the cu	Added t	
24 7	3333) 25 VS		333)	30 US		Personal Property Tax due June 30.	_ · -	No
	9, Name and Address of Curre					10. Name and Address of New Registered	Agent	
ARVESU, MANUEL M								
100 S.E. 2ND ST: 82 Street Address						ess (P Box Number is Not Acceptable)	2000	
SUIT-6700 313					Hours de con c	3127		
MIAMI FL 33761					te 900			
ı				64 City		al Gables 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								
12.	Signature, typed or printed name of registered ag	eni and title il applic		Registered Agent signature	erequired	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	D	D DITE.C TOTAL	DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OTHICERS AN	Change	Addition
NAME	ARVESU, MANUEL M			1.2 NAME				İ
STREET ADDRESS	100 SE 2ND STREET, #3700	ı		1.3 STREET ADDRESS	2	500 western ed. St - Lowderdole, fix331	(163	
CITY-ST-ZIP	MIAMI FL 33131			1.4 CITY-ST-ZIP	(F)	- (audo-dale, (-13533)	T-1	
TITLE			☐ DELETE	2.1 TITLE	ĺ		Change	Addition
NAME Street address				2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP				2. 4 CITY - ST - ZIP				
TITLE			DELETE	3.1 TITLE	 		Change	Addition
NAME				3.2 NAME	ļ			
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-SY-ZIP			DELETE	3.4. CITY-ST-ZIP	ļ		Change	Addition
TITLE NAME			PULLETE.	4.1 TITLE 4.2 NAME	}			L ANUMON L
STREET ADDRESS				4.3 STREET ADDRESS]			[
CITY-ST-ZIP				4.4 CITY-ST-ZIP				
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME	1		₹.	5.2 NAME				Ì
STREET ADDRESS	*			5.3 STREET ADDRESS				ļ
CITY-ST-ZIP			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition
NAME)		6.2 NAME				
STREET ADDRESS	///			6.3 STREET ADDRESS				
CITY-ST-ZIP			<u> </u>	6.4 CITY - ST - ZIP	\			
14. Thereby certify that the information substited with this firing 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 leport or substituting 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 of trusts, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an areachment with an address.								