

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000087626 (5)**

1. Corporation Name

**INTERAMERICAN CORP.**



Principal Place of Business

Mailing Address

**380 WEST 21ST STREET  
HIALEAH FL 33010**

**380 WEST 21ST STREET  
HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/02/1994</b>	
21 <b>685 WEST 17 ST</b>	26 <b>685 W 17 ST</b>	4. FEI Number <b>65-0541085</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 <b>HIALEAH, FL</b>	28 <b>HIALEAH, FL</b>				
24 <b>33010</b>	29 <b>33010</b>				
25	30				

9. Name and Address of Current Registered Agent

**OTERO, CAMILO R  
380 WEST 21ST STREET  
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name	<b>Avila, Leo</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>685 W 17 Street</b>
83	
84 City	<b>HIA, FL</b>
85 Zip Code	<b>33010</b>

11. Pursuant to the provisions of the Florida Statutes, I, the undersigned, being the officer or registered agent, I am familiar with the facts and circumstances of the above-named corporation's submission of this statement for the purpose of changing its registered agent, and I hereby accept the appointment as registered agent.

SIGNATURE

Signature

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-22-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	DELETE
NAME	<b>OTERO, CAMILO R</b>	
STREET ADDRESS	<b>380 WEST 21 STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>VP D</b>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P.D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>OTERO, Camilo R.</b>	
1.3 STREET ADDRESS	<b>685 W 17 ST</b>	
1.4 CITY-ST-ZIP	<b>HIA, FL 33010</b>	
2.1 TITLE	<b>VP D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>AVILA, LEO</b>	
2.3 STREET ADDRESS	<b>685 WEST 17 STREET</b>	
2.4 CITY-ST-ZIP	<b>HIA, FL 33010</b>	
3.1 TITLE	<b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>PIWO, MARIO</b>	
3.3 STREET ADDRESS	<b>685 WEST 17 STREET</b>	
3.4 CITY-ST-ZIP	<b>HIA, FL 33010</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE

*[Signature]*

**1-22-98**

CR2E034 (10/97)