

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90037 036 ***150.00

DOCUMENT # P94000087626

1. Corporation Name
INTERAMERICAN CORP.

Principal Place of Business

685 WEST 17 ST
HIALEAH FL 33010
US

Mailing Address

~~900 WEST 21ST STREET~~
685 WEST 17 STREET
HIALEAH FL 33010
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 ~~685 W 17 ST~~

27 Suite, Apt. #, etc.

28 HIALEAH - FL

Zip

Country

29 33010

30

9. Name and Address of Current Registered Agent

AVILA, LEO
685 W. 17TH STREET
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1994

4. FEI Number

65-0541085

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 owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME OTERO, CAMILO R
STREET ADDRESS 685 WEST 17TH ST
CITY-ST-ZIP HIALEAH FL 33010 ☐ DELETE

TITLE D
NAME PINO, MARIO
STREET ADDRESS 685 WEST 17 STREET
CITY-ST-ZIP HIALEAH FL 33010 ☐ DELETE

TITLE VD
NAME AVILA, LEO
STREET ADDRESS 685 WEST 17 ST
CITY-ST-ZIP HIALEAH FL 33010 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PINO, MARIO
1.3 STREET ADDRESS 685 WEST 17 ST
1.4 CITY-ST-ZIP HIA - FL 33010

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME AVILA, LEO
2.3 STREET ADDRESS 685 WEST 17 ST
2.4 CITY-ST-ZIP HIALEAH - FL 33010

3.1 TITLE SEC-TREAS. ☐ Change ☒ Addition
3.2 NAME CAILA ANGELA
3.3 STREET ADDRESS 685 WEST 17 ST
3.4 CITY-ST-ZIP HIA - FL 33010

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-99 305-883-9100

0125817

CR2E034 (11/98)