

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000016800 (1)

1. Corporation Name

INTERAMERICAN RESORTS CORPORATION



Principal Place of Business

711 SW 28TH RD  
MIAMI FL 33129-2525

Mailing Address

711 SW 28TH RD  
MIAMI FL 33129-2525

2. Principal Place of Business

2a. Mailing Address

21 Subt. Apt. #, etc.

26 Subt. Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

FERNANDEZ, LUIS L  
711 SW 28TH RD  
MIAMI FL 33129-2525

3. Date Incorporated or Qualified

03/01/1995

3a. Date of Last Report

4. F.I.T. Number

65-0569234

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

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 607.0507 and 607.0508, 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 Registered Agent (must be signed by the agent)

Signature of Agent (must be signed by the agent)

Date

12. OFFICERS AND DIRECTORS

| 1. TITLE                                   | 2. NAME | 3. STREET ADDRESS    | 4. CITY, ST, ZIP           | 5. TITLE                                   | 6. NAME | 7. STREET ADDRESS    | 8. CITY, ST, ZIP           |
|--------------------------------------------|---------|----------------------|----------------------------|--------------------------------------------|---------|----------------------|----------------------------|
| <input checked="" type="checkbox"/> DELETE | D       | JERVIS, PAUL R       | 10230 COLLINS AVE, 301/302 | <input checked="" type="checkbox"/> DELETE | D       | JERVIS, LAURA M      | 10230 COLLINS AVE, 301/302 |
|                                            |         | BAL HARBOUR FL 33154 |                            |                                            |         | BAL HARBOUR FL 33154 |                            |
| <input type="checkbox"/> DELETE            | D/P/T   | FREDRICK JAMES BAKER | 10230 COLLINS AVE, 301/302 | <input type="checkbox"/> DELETE            | P/V/P/S | LUIS LUCAS FERNANDEZ | 711 SW 28TH ROAD           |
|                                            |         | BAL HARBOUR FL 33154 |                            |                                            |         | MIAMI FL 33129-2525  |                            |
| <input type="checkbox"/> DELETE            |         |                      |                            | <input type="checkbox"/> DELETE            |         |                      |                            |
| <input type="checkbox"/> DELETE            |         |                      |                            | <input type="checkbox"/> DELETE            |         |                      |                            |
| <input type="checkbox"/> DELETE            |         |                      |                            | <input type="checkbox"/> DELETE            |         |                      |                            |
| <input type="checkbox"/> DELETE            |         |                      |                            | <input type="checkbox"/> DELETE            |         |                      |                            |
| <input type="checkbox"/> DELETE            |         |                      |                            | <input type="checkbox"/> DELETE            |         |                      |                            |
| <input type="checkbox"/> DELETE            |         |                      |                            | <input type="checkbox"/> DELETE            |         |                      |                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE                                                                                | 2. NAME | 3. STREET ADDRESS    | 4. CITY, ST, ZIP          | 5. TITLE                                                                                | 6. NAME | 7. STREET ADDRESS    | 8. CITY, ST, ZIP |
|-----------------------------------------------------------------------------------------|---------|----------------------|---------------------------|-----------------------------------------------------------------------------------------|---------|----------------------|------------------|
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D/P/T   | FREDRICK JAMES BAKER | 10230 COLLINS AVE 301/302 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D/V/P/S | LUIS LUCAS FERNANDEZ | 711 SW 28 ROAD   |
|                                                                                         |         | BAL HARBOUR FL 33154 |                           |                                                                                         |         | MIAMI FL 33129-2525  |                  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |         |                      |                           | <input type="checkbox"/> Change <input type="checkbox"/> 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)(g), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LUIS LUCAS FERNANDEZ

Jan 19, 1996 (303) 285-0301

CR2E034 (12/95)