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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000016800 (1)

INTERAMERICAN RESORTS CORPORATION

Principal Place of Business Mailing Address

FILED Jan 29 1997 8:00am Secretary of State

711 SW 28TH RD MIAMI FL 33129-2525		711 SW 28TH RD MIAM! FL 33129-2525							
					3. Date Incorporated or Qualified 03/01/1995	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			pplied For	
Suite, Apl. #, etc.		Suite, Apt. #, etc.			65-0569234	Not Applicable S8.75 Additional			
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	¬ ′		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Gountry 30				☐ Yes ☐ No		
	9. Name and Address of Curren	it Registered Agent		T		10. Name and Address of New Re	gistered	Agent	
	NANDEZ, LUIS L			81	Name				
711 SW 28TH RD MIAMI FL 33129-2525				82	Street Ad	dress (P.O. Box Number is Not Acceptab	1e)		
				83					
				84	City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the al	oove-	named co	rporation submits this statement for the p	HtDOSE O	Changino i	ts registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	d by	the corpor	alion's board of directors. I hereby accep	t the app	oointment as	registered
SIGNATURE		,							
,,	Signature, typed or printed name of registered age			I Agen	t signature req	quired when reinstating)	IFAG		
12.	OFFICERS ANI	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR Change	RS IN 12
NAME	BAKER, FREDRICK JAMES	C) Officit	1 1 10 1.2 NA					L_1 Change	Addinon
STREET ADDRESS	10230 COLLINS AVE, 301/302				AODRESS				
CITY-ST-ZIP	BAL HARBOUR FL			TY-SI					
TITLE	DVS	☐ DELETE	2 1 11					☐ Change	Addition
NAME	FERNANDEZ, LUIS LUCAS		2.2 N/	ME					
STREET ADDRESS	711 SW 28 ROAD		2.3 STREET ADDRESS		ODRESS	•			
CITY-ST-ZIP	MAMIFL		2 4 CITY - ST - ZIP		- ZIP				
TITLE		☐ DELFTE	3 1 1 1	ttl:				☐ Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS		•	3 3 51	REETA	IDDRESS				
CITY-ST-ZIP				1y - \$1	- 7(P			_	
TITLE		☐ DELETE	4.1 1/1			•		☐ Change	Addition
NAME			4. 2 N.						
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TITLE NAME		L DELETE	5.1 TIT					Change	Addition
			5.2 NA		DDDEGG				
STREET ADDRESS CITY-ST-ZIP	•				DDRESS				ļ
TITLE		DELETE	5.4 CI		£1F			Change	Addition
NAME		C Detert	6.2 NA					change	Augurori .
STREET ADDRESS					DORESS				
CITY-ST-ZIP				14 - S1-					

14. I do 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 logal 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.