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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Aug 11, 1999 8:00 am Secretary of State

08-11-1999 90006 030 \*\*\*558.75

## DOCUMENT # P95000017465 (2)

INTERAMERICA INVESTMENT CORP.

Principal Place of Business Mailing Address					-		
9100 S. DADELAND	100 S. DADELANI	DADELAND BVLD					
SUITE 906		SUITE 906			DO NOT WRITE IN THIS SPACE		
MIAMI, FLORIDA 33156		MIAMI, FLORIDA 33156			3. Date Incorporated or Qualifed 03/02/1995		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
21		7098 BONITA DRIVE			65-0582117		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee	Additional Required
City & State	28	City & State MIAMI BEACH,			6. Election Campaign Financing Trust Fund Contribution	•	0 May Be d to Fees
	ountry	Zip 33141 30	Countr	US	8. This corporation owes the current ye		-=
24 25	29		<u> </u>		Personal Property Tax.	Yes	XXNo
9. Name and A	ddress of Current Regi	stered Agent	8-	Name	10. Name and Address of New Regist	ereu Agent	
ANTHONY, TRULLENQ	UE		L				
7098 BONITA DRIV		82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAMI BEACH, FLO		83	3				
1 11				1 0:4		85 Zip	p Code
1			84	1 1		<b>}</b>	1
SIGNATURE /	Sections 607.0502 and of Soth, in the State of Flori accept the Obligation of			ve-named corporation the corporation s.		<u>5-99</u>	
12.	OFFICERS AND DIS	ECTORS .	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE DPST		☐ DELETE	1.1 TITLE			Change	e 🗌 Addition
l	, SUZANE B .		1.2 NAME				
STREET ADDRESS 9100 S. I	DADELAND BLVD	, STE 906	1.3 STREE	ET ADDRESS			
CITY-ST-ZIP MIAMI, F	LORIDA 33156		1.4 CITY-	ST-ZIP		☐ Change	e
TITLE		- DELETE	2.1 TITLE		-		
NAME			2.2 NAME				
STREET ADDRESS				ET ADDRESS			
City-st-ZIP		☐ DELETE	2.4 CITY- 3.1 TITLE	21-219		Change	e Addition
TITLE	•		3.2 NAME				_
NAME STREET ADDRESS		1		ET ADDRESS			
1 '			3.4. CITY-	1			l
CITY ST-ZIP		☐ DELETE	4.1 TITLE			Chang	e 🔲 Addition
NAME			4. 2 NAMÉ	:			
STREET ADDRESS			4 3 STREI	ET ADDRESS			
CiTY-ST-ZIP			4.4 CITY-	ST-ZiP			
TITLE		☐ DELETE	5.1 TITLE			Chang	e Addition
NAME			5.2 NAME				ļ
STREET ADDRESS	*		-	ET ADDRESS			
CITY-ST-ZIP			54 CITY-				
TITLE*		☐ DELETE	6.1 TITLE			Chang	e
NAME			6.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			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:

SIGNING OFFICER OR DIRECTOR (PRESIDENT)

<u>(305)868–5365</u>