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FILED
May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000030347
1. Corporation Name

INTERAMERICAN HISTORICAL RESEARCH, INC.

Principal Place of Business

6993 NW. 82 AVENUE
BAY 30
MIAMI, FL 33166

Mailing Address

69993 NW. 82 AVENUE
BAY # 30
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1995

4. FFI Number

65-0579428

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 3714 MATHESON AVENUE
Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

24 Zip 33133

Country

25 USA

2a. Mailing Address

26 151 MAJORCA AVENUE
Suite, Apt. #, etc.

27

SUITE C

City & State

28 CORAL GABLES, FL

29 Zip 33134

Country USA

9. Name and Address of Current Registered Agent

GABRIEL PRATS
151 MAJORCA AVENUE, SUITE C
CORAL GABLES, FL 33134

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 of Registered Agent or Secretary of State)

(Date) (Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DPST
STREET ADDRESS GORDO, CLARISSA GORENSTEIN
CITY-ST-ZIP 9570 JORNEY END ROAD
CORAL GABLES, FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

100002538881
-05/28/98--01041--007
***158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *agent report*
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98

305-4678041

CR2E034 (10/97)