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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

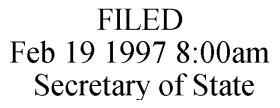
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000037384 (1)

INTER-AMERICAN DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address





2000 SW 80TH AVE PLANTATION FL 33317		AVENTURA FL	3764 NE 207TH TERR AVENTURA FL 33180-3829 US			
63		00			3. Date Incorporated or Qualified 05/03/1995	3a. Date of Last Report 06/25/1996
	lace of Business	2a. Mailing Ad	dress	• • • • • • • • • • • • • • • • • • • •	4. FEI Number	Applied For
21		26			65-0580380	Not Applicable
Suite, Apt	#, etc.	Suite, Apt.	#, etc.			60.75
22		27			5. Certificate of Status Desired	Fee Required
City & State	е	City & State)		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Co	untry	8. This corporation has liability for i	
24	25	29	30			Yes No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
FORMOSO-MURIAS, HECTOR ESQ.				81 Name		
1101 BRICKELL AVENUE				82 Street	Address (P.O. Box Number is Not Acceptab	Tax .
PENTHOUSE				Oli GGT	Address (F.O. Box Northber is 140) Acceptab	18)
MIAMI FL 33131			•	83		
				84 City		FL 85 Zip Code
office of re	egisierea agent, or both, in t	607.0502 and 607.1508, Flo he State of Florida Such cha he obligations of Section 60	inge was authorize	ed by the cord	corporation submits this statement for the p poration's board of directors. I hereby accep	urpore of changing its registered
SIGNATURE.	Signature typed or printed harne of reg	istered agent and life d applicable	(NOTE: Register	ed Anent sinnature	required when reinstating)	DATE
12.		ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	р		DELETE 1,11			Change Addition
NAME	FARJI, ISIDORO		121	NAME		
STREET ADDRESS	3764 NE 207TH TERR			STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL			CITY-ST-ZIP		
TITLE	T		DELETE 2.11			Change Addition
NAME	FARJI, JACK			NAME		
STREET ADORESS	3519 GREENLEAF CIR	CLE		STREET ADDRESS		
City-St-ZiP	HOLLYWOOD FL					
TF*LF			DELETE 3.11	CITY - ST - ZIP		Change Addition
NAME				MME		Control Distriction
STREET ADDRESS				STREET ADDRESS		
DITY - ST - ZIP TITLE		H	3.4.1 DELETE 4.1.1	CITY-ST-ZIP		Change Addition
NAME						T creating T Minimizer
				NAME		
STREET ADDRESS				STREET ADDRESS		
C-TY - ST - ZIP			er eve	CITY-ST-ZIP		
TITLE		البا	DELETE 5.11			Change Addition
NAME				IAME		
STREET ADDRESS			5.3 \$	STREET ADDRESS		
C/TY - S1 - Z/P				CITY-\$1-ZIP		
TiTLE			DELETE 6.1 T	TILE		Change Addition
NAVIE			6.2 N	IAME		
STREET ADDRESS			6.3 9	STREET AODRESS		
CITY-ST-ZIP			6.4 0	CITY-ST-ZIP		

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 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

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