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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE(

DOCUMENT # P95000060227 (2)

| SILCOR Principal Place of | INTERAMERICA, INC. f Business | Mailing Address | | | | |
|---|--|--|--|--|---|------------------------------------|
| 1130 REDBIRD AVE. 1130 REDBIRD AVE. MIAMI FL MIAMI FL | | | | | | |
| | | | | 3. Date Incorporated or Qualified 08/04/1995 | 3a. Date of Last | Report |
| 2. Principal Plac | e of Business | 2a. Mailing Address | | 4. EEI Number | 7211 | Applied For |
| 26 | | | | 65-0610 | | Not Applicable |
| Suite, Apt. #, | etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | 1 1 ' | 75 Additional ee Required |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be | | .00 May Be |
| 3) | | 28 | | Trust Fund Contribution | | ded to Fees |
| Zip | Country | Zip | Country | 8. This corporation has hability for | | rs 1 9 9.032, |
| 4 | 25 | 29 | 30 | Florida Statutes 4 Ye 10. Name and Address of New | S No | |
| | 9. Name and Address of Curr | em negistered Agent | B1 Name | - 1 | | |
| 0001141 | DOUGE N | | | IJUESTRE CORD | VBA | |
| | Bruce N Obird Ave. | | 82 Street Add | ress (P.O. Box Number is Not Accepta | We. | |
| MIAMI FL | | | 83 | Carlot Marie Co. 1 | | |
| MINTANI FL | • | | 84 City // | | 85 | Zip Code |
| | | | M | Anui Sonits | - FL | 33/66 |
| 11. Pursuant to | the provisions of Sections 607.05 | 02 and 6 | tes the above named corpo | ration submits this statement for the pi ird of directors. Thereby accept the ap | urpose of changing i | ts registered officered agent. Lam |
| or registered familiar with | d agent, or both, in the State of Fo , and accept the obligations | and Such change was authorition 607.0505, Florida Statut. | the curporation's boa | ing of the edicis. Thereby necessit the app | 11/0 | /_ |
| SIGNATUR F | | | <u></u> , | | 4/8/ | 96 |
| <u> </u> | practice types or protested (of received a) | AND DIRECTORS | Edit Begistered Agent signature redun- | ADDITIONS/CHANGES TO OF | DATE / | TORS IN 12 |
| TITLE | D | DELETE | 1) TITLE | 715511161161617416160 10 GF | ☐ Chan | |
| NAME | CORDOBA, SILVESTRE | | 1.2 NAME | | | |
| STREET ADDRESS | 1130 REDBIRD AVE. | | 1 3 STREET ADDRESS | | | |
| CITY - S1 - ZIP | MIAMI | | 1.4 C(1) Y - ST - Z(F | | | |
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| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | and the stage of t | and with this flue is not extend for | € 4 CHY-S1-7/P | for the exemption stated in Section 11 | 9.07(3)(k) Florida S | tatutes. I further |
| certify that | am an officer or director of the co | on with this lifting is voluntarily to neural receiver supplemental ar importation of the receiver or trust of the receiver of trust of the receiver of the re | tee empowered to execute ti | for the exemption stated in Section 11 rate and that my signature shall have this report as required by Chapter 607, | ie same legal effect Florida Statutes; and | as if made under d that my name |

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