

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073468 (7)

1. Corporation Name

INTERFRICO, INC.



Principal Place of Business

825 SOUTH BAYSHORE DRIVE
SUITE 1847
MIAMI FL 33131

Mailing Address

825 SOUTH BAYSHORE DRIVE
SUITE 1847
MIAMI FL 33131

2. Principal Place of Business

21 999 Brickell Avenue

Suite, Apt. #, etc.

22 Suite 1006

City & State

23 Miami, Florida

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 999 Brickell Avenue

Suite, Apt. #, etc.

27 Suite 1006

City & State

28 Miami, Florida

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

4. FEI Number

☒ 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BAIER, KIRSTEN I
825 SOUTH BAYSHORE DRIVE
SUITE 1847
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

BAIER, KIRSTEN I.

82 Street Address (P.O. Box Number is Not Acceptable)

999 Brickell Avenue

83 Suite 1006

84 City Miami

FL

85 Zip Code

33131

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

Kirsten I. Baier

DATE

4-26-96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D/P/S/T

Klasen, Guido F.

999 Brickell Avenue, Ste 1006

Miami, Florida 33131

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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-05/21/96--01038--048

***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRSTEN E. BAIER

4-26-96 (305) 372-0288

0135207

CP

CR2E034 (12/95)