

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000076472 (6)**

1. Corporation Name

**INTERAMERICA EXPORT CORP., INC.**



Principal Place of Business

Mailing Address

**6441 S.W. 132ND CT. CIRCLE  
MIAMI FL 33183**

**6441 S.W. 132ND CT. CIRCLE  
MIAMI FL 33183**

2. Principal Place of Business

2a. Mailing Address

21 **175 Fontainebleau Blvd**

26 **175 Fontainebleau Blvd**

4. FBT Number

**65-0611474**

3a. Date of Last Report

**10/05/1995**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **254**

Suite, Apt. #, etc.

27 **254**

City & State

23 **Miami Florida**

City & State

28 **Miami FLORIDA**

Zip

24 **33172**

Country

25 **US**

Zip

29 **33172**

Country

30 **US**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**MARTINEZ, DIGNA  
6441 S.W. 132ND CT. CIRCLE  
MIAMI FL 33183**

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 607.0506, Florida Statutes.

SIGNATURE

Signature of person authorized to change agent, if applicable

Signature of Registered Agent, if applicable and not the same as above

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>President</b>         | <input type="checkbox"/> DELETE |
| NAME           | <b>MARTINEZ, Digna</b>   |                                 |
| STREET ADDRESS | <b>6441 SW 132 CT Cn</b> |                                 |
| CITY-ST-ZIP    | <b>Miami FL 33183</b>    |                                 |
| TITLE          | <b>Vice-President</b>    | <input type="checkbox"/> DELETE |
| NAME           | <b>MARTINEZ, Andres</b>  |                                 |
| STREET ADDRESS | <b>6441 SW 132 CT Cn</b> |                                 |
| CITY-ST-ZIP    | <b>Mia FL 33183</b>      |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-ST-ZIP     |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-ST-ZIP     |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-ST-ZIP    |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-ST-ZIP    |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-ST-ZIP    |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**MARTINEZ, DIGNA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-16-96**  
DATE

**559-3003**  
ELECTRONIC FILING

CR2E034 (12/95)