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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000077716 (5)

INTERAMERICAN REAL ESTATE DEVELOPERS, INC.

Principal Place of Business

Mailing Address

3191 CORAL WAY
SUITE 405
MIAMI EL 33145-3213

FILED Apr 28 1998 8:00am Secretary of State



### Address ### Ad	DO NOT WRITE IN THIS SPACE corporated or Qualified 9/1995 mber
SUITE 405 MIAMI FL 33145-3213 3. Date fine 10/05	corporated or Qualified 9/1995 mber Applied For T APPLICABLE Not Applicable ate of Status Desired \$8.75 Additional
MIAMI FL 33145-3213 S. Date Inc. 10/05 2. Principal Place of Business 2e. Mailing Address 4. FEI Num 26	corporated or Qualified 9/1995 mber Applied For T APPLICABLE Not Applicable ate of Status Desired \$8.75 Additional
3. Date Internal Place of Business 28. Mailing Address 4. FEI Num	9/1995 mber Applied For Not Applied For Not Applicable ate of Status Desired \$8.75 Additional
2. Principal Place of Business 28. Mailing Address 4. FEI Num 21 26 Suite, Apt. #, etc. 5. Certification 22 27 5. Certification City & State City & State 6. Election 23 Trust FL Zip Country Zip Country	T APPLICABLE Not Applicable \$8.75 Additional
Sulte, Apt. #, etc. Surte, Apt. #, etc. 5. Certification 22 27 5. Certification City & State Gily & State 6. Election 23 Trust FL Zip Country Zip Country	ate of Status Desired \$8.75 Additional
27 5. Certificate	ate of Status Desired
Zip Country Zip Country 8. This cor	1 co required
Zip Country Zip Country 8. This cor	n Campaign Financing \$5.00 May Be und Contribution Added to Fees
M 25 20 20 Persons	rporation owes or has paid the current year Intangible
	al Property Tax due June 30. 🔲 Yes 🙀 No
	and Address of New Registered Agent
HAUSER, JAMES A 81 Name	
3191 CORAL WAY SUITE 405 Streel Address (P.O. Box	Number is Not Acceptable}
MIAMI FL 33145-3213	·
84 City	FL 85 Zip Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstang)	
	NS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE	Change Addition
NAME HAUSER, JAMES A 12 NAME	_ · _
STREET ADDRESS 3191 CORAL WAY, SUITE 405	
CITY-ST-ZIP MIAMI FL 33145-3213 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
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TITLE DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME 32 NAME	
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CITY-ST-ZIP 3.4 CITY-S1-2IP	
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CITY-ST-ZIP 4.4 CITY-ST-ZIP	The same of the sa
TITLE DELETE 5.1 TITLE	L Change L Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CMY-ST-ZIP 5.4 CMY-ST-ZIP TIME DELETE 6.1 MILE	☐ Change ☐ Addition
NAME 62 NAME	Change C Addition
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 indicated on this annual report or supplierrental angular report is true and accurate and that my signature shall have the officer or director of the corporation or the occupy or trustee empowered to execute this report as required by Chapte Block 12 or Block 13 if changed, to the allowing of the occupy of	7(3)(i). Florida Statutes. I further certify that the information