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 # P95000083025 (3)

INTERAMERICAS CONSULTING, IMPORT, EXPORT INC.

Principal Place of Business Mailing Address 22716 SW 65TH WAY 22716 SW 65TH WAY **BOCA RATON FL 33428** BOCA RATON FL 33428-5303 3. Date Incorporated or Qualified 3a. Date of Last Report 10/30/1995 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0478535 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Ζıρ 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEIDAL, IRACEMA V 22718 SW 65TH WAY 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33428** 83 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 obit, in the State of Florida. Such change waspauthorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objection 607.0505, florida Statutes.

SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating) ime of registered agent and little if applicable DATI 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE HEIDAL, IRACEMA NAMI 1.2 NAME 22716 SW 65TH WAY STREET ADORESS 1.3 STREET ADDRESS BOCA RATON FL 33428 CITY- \$1-2IP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS C(11Y - ST - Z(P 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change __ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 62 NAME

> **63 STREET ADDRESS** 64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIF

14. 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 opporation 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 attagment with an address. 561-852.6427

FILED

May 16 1997 8:00am

Secretary of State