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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000085882 (5)

1. Corporation Name

INTERAMERICAN ENGINEERING SERVICES, INC.

Principal Place of Business

C/O MICHAEL STEVEN GREEN, ESQ.
201 S. BISCAYNE BLVD. #900
MIAMI FL 33131

Mailing Address

C/O MICHAEL STEVEN GREEN, ESQ.
201 S. BISCAYNE BLVD. #900
MIAMI FL 33131-4326

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

10/14/1996

2. Principal Place of Business

21 c/o Michael Steven Greene,
Suite, Apt. #, etc. Esq.

2a. Mailing Address

26 c/o Michael Steven Greene,
Suite, Apt. #, etc. Esq.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0637965

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

~~GREEN, MICHAEL S.~~
201 SOUTH BISCAYNE BLVD.
SUITE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Greene, Michael S.

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

201 South Biscayne Blvd., Suite 900

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

JIMINEZ, B.R.

201 S. BISCAYNE BLVD. SUITE 900

MIAMI FL 33131

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

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CITY - ST - ZIP

☐ DELETE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97

Date

1-809-983-0290

Daytime Phone

0173439

CR2E034 (9/96)