

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90030 021 ***150.00

DOCUMENT # P96000006700

1. Corporation Name

INTERAMERICAN NET CORPORATION

Principal Place of Business

9050 PINES BLVD., STE. 480
PEMBROKE PINES FL 33024

Mailing Address

9050 PINES BLVD., STE. 480
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1996

4. FEI Number

65-0637839

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 9050 PINES BLVD.

2a. Mailing Address

26 9050 PINES BLVD.

Suite, Apt. #, etc.

22 SUITE 450-C

Suite, Apt. #, etc.

27 SUITE 450-C

City & State

23 PEMBROKE PINES, FLORIDA

City & State

28 PEMBROKE PINES, FLORIDA

Zip

24 33024

Country

25 USA

Zip

29 33024

Country

30 USA

9. Name and Address of Current Registered Agent

PADRON, JOSE M
812 HERITAGE DR
WESTON FL 33326

10. Name and Address of New Registered Agent

81. Name

PADRON, JOSE M.

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

1471 BARCELONA WAY

83.

84.

City WESTON

FL

85.

Zip Code 33326

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

TITLE PD ☐ DELETE

NAME PADRON, JOSE M
STREET ADDRESS 812 HERITAGE DR
CITY-ST-ZIP WESTON FL

TITLE SD ☒ DELETE

NAME GARCIA, CARLOS M
STREET ADDRESS 10968 MAINSAIL DRIVE
CITY-ST-ZIP COOPER CITY FL 33026

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME PADRON, JOSE M
1.3 STREET ADDRESS 1471 BARCELONA WAY
1.4 CITY-ST-ZIP WESTON, FL 33326

2.1 TITLE SD ☐ Change ☒ Addition

2.2 NAME FERRER, FELIX
2.3 STREET ADDRESS 240 OLD FEDERAL HWY. #6
2.4 CITY-ST-ZIP HOLLANDALE, FL 33009

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT: PADRON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0145423

CR25034-11091