

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90075 025 \*\*\*150.00

**DOCUMENT # P96000036944**

1. Entity Name  
**INTER-AMERICAN EXPORT GROUP CORP.**

Principal Place of Business 7832 COLLINS AVE. SUITE 503 MIAMI BEACH FL 33141	Mailing Address 7832 COLLINS AVE. SUITE 503 MIAMI BEACH FL 33141-2173
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2. Principal Place of Business <b>6405 NW. 36 St</b>	3. Mailing Address
Suite, Apt. #, etc. <b>222</b>	Suite, Apt. #, etc.

City & State  
**Virginia Gardens, Fla**  
 Zip  
**33166**  
 Country  
**M. Dade**

City & State  
 City  
**33166**  
 Country  
**M. Dade**

4. FEI Number **65-0663185** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LEAL, ANTONIO**  
**7832 COLLINS AVENUE**  
**SUITE 503**  
**MIAMI BEACH FL 33141**

**7. Name and Address of New Registered Agent**

Name **LEAL, Antonio (same)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6405 N.W. 36 St.**  
**Suite 222**  
 City **Virginia Gardens, FL** Zip Code **33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>LEAL, ANTONIO</b> <b>7832 COLLINS AVE. SUITE 503</b> <b>MIAMI BEACH FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(same)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6405 N.W. 36 St, Suite 222</b> <b>Virginia Gardens, Fla. 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/19/2000**  
 Daytime Phone # \_\_\_\_\_

CR2E034 (19/99)