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Feb 07 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 # P96000047162 (8)

1. Corporation Name  
INTRA-AMERICA SEAS INVESTMENT GROUP, INC.

Principal Place of Business

C/O DAVID B MITCHELL ESQUIRE  
2100 PONCE DE LEON BLVD STE 920  
CORAL GABLES FL 33134

Mailing Address

C/O DAVID B MITCHELL ESQUIRE  
2100 PONCE DE LEON BLVD STE 920  
CORAL GABLES FL 33134-5215



3. Date Incorporated or Qualified

06/04/1996

3a. Date of Last Report

2. Principal Place of Business

40 Kurt Heinonen  
Suite, Apt. #, etc. #107

10521 Matthewmy Key Circle  
City & State Miami, FL

23. City & State

Zip 33196-2407

Country Dade

2a. Mailing Address

Same Kurt C. Heinonen  
Suite, Apt. #, etc. #107

27. City & State

28. Zip

29. Country

4. FEI Number

65-0694190

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

MITCHELL, DAVID B  
2100 PONCE DE LEON BLVD STE 920  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name

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

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

TITLE D  
NAME MITCHELL, DAVID B  
STREET ADDRESS 2100 PONCE DE LEON BLVD STE 920  
CITY - ST - ZIP CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D.  
1.2 NAME Kurt Heinonen  
1.3 STREET ADDRESS 10521 Matthewmy Key Circle #107  
1.4 CITY - ST - ZIP Miami, FL 33196-2407

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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: Kurt C. Heinonen KURT C. HEINONEN

1/28/97

(305) 388-7067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)