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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP

SIGNATURE:

 I do hereby certify that the information s information indicated on this annual red

Lam an officer or director of the corp appears in Block 12 or Block 13 (Lc)



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000064627 (8)

INTERAMERICAN CLOSED CIRCUIT CORPORATION

Principal Place of Business Mailing Address W ROTH MILNE & ROUSSEO % ROTH MILNE & ROUSSEO 8350 S. DIXIE HWY PH 2 9350 S. DIXIE HWY PH 2 MIAMI FL 33158 MIAMI FL 33156-2945 3. Date Incorporated or Qualified 3a. Date of Last Report 08/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 つりー Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Country Žφ Country 24 25 ☐ Yes ☐ No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROTH, LEONARDO A 9350 SOUTH DIXIE HWY 82 Street Address (P.O. Box Number is Not Acceptable) PH 2 В3 MIAMI FL 33158 84 Zip Code Sections 607 0502 and 607 1508, Florida Statutes, th both, in the State of Florida, Slich change was author accept the obligations of, Section 607,0508, Florida (Persuant to the provision office or registered age above-named corporation submits this statement for the purpose of changing its registered or both, in the State of Florida nd accept the obligations of, S borized by the corporation's board of directors. I hereby accept the appointment as registered la Statutes. agent Lam familiaç SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PVTS** DELETE Change TITLE 1.1 TITLE Addition ROTH, LEONARD A NAME 12 NAME 9350 S. DIXIE HIGHWAY PH2 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** CITY-\$1-7-2 1.4 CITY - ST - ZIP DELETE TILLE 21 TITLE Change Addition ROTH, LEONARD A MAME 22 NAME 9350 S. DIXIE HIGHWAY PH2 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33156** CHY-ST-ZIE 2.4 C(TY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY- 51-209 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS COLY - ST - ZIF 4.4 CITY - ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STHEE! ADDRESS 5.3 STREET ADDRESS CHTr - ST - 719 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE ☐ Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

yied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name