CITY-ST-2IP

14. I do hereby certify that the information supplied

I am an office or director of the corporation appears in Blook 12 or Block 13 if changed,

dicated on this annual report or sa

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham" *** FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUL -2 AM 9: 17 DOCUMENT # P96000081287 (0) SECRETARY OF STATE INTERATLANTIC IMPORT & EXPORT CO. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2702 THOMAS STREET 2702 THOMAS STREET HOLLYWOOD FL 89020 HOLLYWOOD FL 33020-1826 3a. Date of Last Report 3. Date Incorporated or Qualified 10/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Numbe Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 29 I. No 24 30 Florida Statutes Yes Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED ALBERTO 343 ALMERIA AVENUE **B2** CORAL GABLES FL 33134 83 11. Pursuant to the provisions of Sections 607-6502 and 607.1508, Florida Statutes, the above-named corporation's submits this statement for the purpose of changing its registered of office or registered agent. I am familie with an except the appointment as registered agent. I am familie with an except the obligations of, Section 607.0505, Florida Statutes. LUEDDECKENC BEETW 700 SIGNATURE when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE LUEDDECKENS, ALBERTO NAME 1.2 NAME 2702 THOMAS STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 1.4 CITY-ST-ZIP CITY-ST-ZIF 07/09/97-01003 page 000 Addition DELETE TITLE 2.1 TITLE LUEDDECKENS, MARIA ELENA NAME 2.2 NAME ****165.00 *****165.00 2702 THOMAS STREET STREET ADORESS 2.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIP 54 CHTY-ST-ZIP DELETE THLE 6.1 TITLE Addition | 1 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the hual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that trustee empowered to execute this report as required by Chapter 607, Florida Statules and that my name enturns an address.