

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

FILED

Apr 30 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 # P96000088988 (6)

1. Corporation Name  
INTERAMERICA PURCHASING SERVICE INC.



Principal Place of Business

Mailing Address

~~9415 FONTAINERBLEAU BLVD. #205~~  
~~MIAMI FL 33172~~

~~9415 FONTAINERBLEAU BLVD. #205~~  
~~MIAMI FL 33172~~

3. Date Incorporated or Qualified  
10/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite 220

26 Suite 220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3000 Gulf To Bay Blvd.

27 3000 Gulf To Bay Blvd.

City & State

City & State

23 Clearwater, Florida

28 Clearwater, Florida

Zip

Country

Zip

Country

24 34619-4304

25 U.S.A.

29 34619-4304

30 U.S.A.

4. FEI Number  
65-0704863

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

10. Name and Address of New Registered Agent

ELSIE, LAWRENCE  
9415 FONTAINERBLEAU BLVD. #205  
MIAMI FL 33172

81 Name Elsie, Lawrence E.

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

83

84 City Safety Harbor, FL 85 Zip Code 34695

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<del>DPS</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>ELSIE, LAWRENCE E.</del>	
STREET ADDRESS	<del>9415 FONTAINERBLEAU BLVD. #205</del>	
CITY - ST - ZIP	<del>MIAMI FL 33172</del>	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	SAENZ, JIMMY	
STREET ADDRESS	9415 FONTAINERBLEAU BLVD. #205	
CITY - ST - ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elsie, Lawrence E.	
1.3 STREET ADDRESS	2 Fern Court	
1.4 CITY - ST - ZIP	Safety Harbor, FL 34695	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, unchanged, or on an attachment with an address.

SIGNATURE: Lawrence E. Elsie Lawrence E. Elsie 4/22/97 (813) 726-0584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)