

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000094143**

Corporation Name

INTERFACTOR INC.

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90003 007 ***550.00

Principal Place of Business
COLLINS AVE
MIAMI BCH FL 33154

Mailing Address
9801 COLLINS AVE
10-K
MIAMI BCH FL 33154
US

Principal Place of Business
26

Suite, Apt. #, etc.
27

City & State
28

Zip
25

Country
29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1996

4. FEI Number
65-0712988

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 owes the current year intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, ALEJANDRINA G
780 NW LE JEUNE RD., STE. 427
MIAMI FL 33126

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

OFFICERS AND DIRECTORS

NAME	DELET
D JIMENEZ, RAUL 9801 COLLINS AVE. APT. #10-K MIAMI BEACH FL 33154	<input type="checkbox"/>
D JIMENEZ, PRISCILA S 9801 COLLINS AVE. APT. #10-K MIAMI BEACH FL 33154	<input type="checkbox"/>
D JIMENEZ, PRISCILA S 9801 COLLINS AVE. APT. #10-K MIAMI BEACH FL 33154	<input type="checkbox"/>
D JIMENEZ, PRISCILA S 9801 COLLINS AVE. APT. #10-K MIAMI BEACH FL 33154	<input type="checkbox"/>
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D JIMENEZ, PRISCILA S 9801 COLLINS AVE. APT. #10-K MIAMI BEACH FL 33154	<input type="checkbox"/>
D JIMENEZ, PRISCILA S 9801 COLLINS AVE. APT. #10-K MIAMI BEACH FL 33154	<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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:

SIGNATURE AND TYPE THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/99 (954) 3852100

CR2E034 (5/99)