

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 # **P96000094913**

1. Corporation Name

INTERAMERICAN TRADE CORPORATION

Principal Place of Business

5956 W. 16 AVE.
HIALEAH FL 33012

Mailing Address

5956 W. 16 AVE.
HIALEAH FL 33012

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90028 011 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1996

4. FEI Number

65-0773895

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

SEBELEN DE MOLINA, PILAR
5956 W. 16 AVE.
HIALEAH FL 33012

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 | DP | <input type="checkbox"/> DELETE |
| NAME | MOLINA, JUAN L | |
| STREET ADDRESS | 5956 W. 16 AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | MOLINA, CARLOS J | |
| STREET ADDRESS | 5956 W. 16 AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | SEBELEN DE MOLINA, PILAR M | |
| STREET ADDRESS | 5956 W. 16 AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| 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 | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/99 (305) 823-7579

CR2E034 (5/99)

596 724-90028-11
P 96000094913

INTERAMERICAN TRADE CORPORATION
5956 WEST 16 AVENUE
HIALEAH, FL 33012
(305) 823-7579

Certified Mail-Return Receipt Requested

July 19, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Reference: Missing annual report for 1999
Corporation #: P96000094913

Gentlemen:

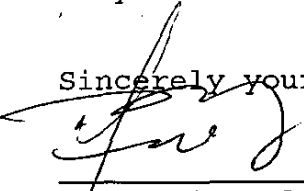
Enclosed is the 2nd notice for 1999 corporation annual report with a check for \$158.75 which includes the 1999 fee of \$150.00 plus a certificate of good standing for \$8.75.

We would like to state that the original application that was mailed at the beginning of 1999 was never received by us because during the early part of the year some of our correspondence was never received due to some possible theft of our mail. Consequently we were never aware of this report not being received.

Our business is small and charging us a total fee of \$550 would be a burden to us. Therefore we request that you abate the penalty and accept the above check to reinstate us in good standing. We formed the corporation on November 11, 1996. You can rest assured that this incident will not happen in the future and will inquire if we don't receive an annual renewal form at the beginning of each year.

If you need more information please call me at (809) 541-8131.

Sincerely yours,



Juan Luis Molina
President

cc: Check enclosed for \$158.75
Corporation annual report