2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P97000013474** May 05, 2000 8:00 am 1. Entity Name Secretary of State INTER-AMERICAN INDUSTRIES USA, INC. 05-05-2000 90092 044 ***150.00 Principal Place of Business Mailing Address 1191 E. NEWPORT CENTRE DRIVE. #209 1191 E. NEWPORT CENTRE DRIVE. #209 DEERFIELD BEACH FL 33442-7708 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address 3681 NEA TH AVE 3681 NE 13TH 4VE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Citv & State City & State 4. FEI Number 65-0727644 POMPANO BEACH POMPANO BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired BOOWARD BROWARY Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 2805 LITTLE DEAL ROAD TALLAHASSEE EL 32308 Zip Code 33064 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4-26-2000 fame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or print FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE AWDRES CABANA NAME AMAYA, JESUS 3681 NE 13-AVE. STREET ADDRESS 1191 E_NEWPORT-CENTRE DRIVE, #209 STREET ADDRESS 3306V DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE JUAN B. FERNAUDEL NAME NAME STREET ADDRESS 3681 NE 13 AUE. STREET ADDRESS CITY-ST-ZIP DOMPANO BEACH CITY-ST-ZIP --- 🔲 Delete TITLE-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 report of supplemental 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 feeeiver or this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the changed, or on an attack

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR