

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000082335 (5)

1. Corporation Name  
INTERAVIA INC.

Principal Place of Business  
22305 SW 57TH AVENUE  
BOCA RATON FL 33428

Mailing Address  
22305 SW 57TH AVENUE  
BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	22305 SW 57th Ave	26	SAME
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	BOCA RATON, FL	28	
Zip	Country	Zip	Country
24	33428 USA	29	
3. Date Incorporated or Qualified		4. FEI Number	
09/22/1997		65-0781828	
5. Certificate of Status Desired		Applied For	
		Not Applicable	
6. Election Campaign Financing		\$8.75 Additional Fee Required	
Trust Fund Contribution			
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	
		Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PELLA, MIRCEA 22305 SW 57TH AVENUE BOCA RATON FL 33428		81 Name N/A	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PELLA, MIRCEA	1.2 NAME	
STREET ADDRESS	22305 SW 57 AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33428	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	
NAME	OPREA, MARIANA	2.2 NAME	
STREET ADDRESS	501 SW 11 PL. #107	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33432	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

3/20/98 (561)367-0845

CR2E034 (10/97)