

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).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90027 013 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT



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

1999

DOCUMENT # **P97000082335**

1. Corporation Name

INTERAVIA INC.



Principal Place of Business

**22305 SW 57TH AVE
BOCA RATON FL 33428
US**

Mailing Address

**22305 SW57TH AVE
BOCA RATON FL 33428
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0781828

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

2. Principal Place of Business

2301, NE 14th ST

Suite, Apt. #, etc.

304E

City & State

POMPANO BEACH

Zip

33062

Country

USA

2a. Mailing Address

2301, NE 14th ST

Suite, Apt. #, etc.

304E

City & State

POMPANO BEACH

Zip

33062

Country

USA

9. Name and Address of Current Registered Agent

**PELLA, MIRCEA
22305 SW 57TH AVENUE
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name

DANIEL SPIRACHE

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

2301 NE 14th ST # 304E

83

BROWARD COUNTY

84 City

POMPANO BEACH

FL

85 Zip Code

33062

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

7/6/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **PELLA, MIRCEA**

STREET ADDRESS **22305 SW 57 AVENUE**

CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **TD** ☐ DELETE

NAME **OPREA, MARIANA**

STREET ADDRESS **501 SW 11 PL #107**

CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

1.2 NAME **DANIEL SPIRACHE**

1.3 STREET ADDRESS **2301, NE 14th ST # 304E**

1.4 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

2.1 TITLE **TD** ☐ Change ☐ Addition

2.2 NAME **OPREA MARIANA**

2.3 STREET ADDRESS **501 SW 11th PL # 107**

2.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

MARIANA OPREA

7/6/99

(954) 610-2510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #