

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

0209846

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90003 007 \*\*\*158.75

DOCUMENT # **P97000093676**

1. Corporation Name  
**INTERIVA TRADING, INC.**



Principal Place of Business

1550 NE 123 ST  
B507  
N MIAMI FL 33161  
US

Mailing Address

7098 BONITA DR  
MIAMI BCH FL 33141  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1997

4. FEI Number

65-0795408

Applied For  
☐ Not Applicable

5. Certificate of Status Desired **XX**

**\$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 Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 **200 BISCAYNE BLVD WAY**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.  
**# 11K**

27 Suite, Apt. #, etc.

23 City & State

**MIAMI, FL**

28 City & State

29

24 Zip

**33131**

25 Country

**US**

29 Zip

30

Country

30

9. Name and Address of Current Registered Agent

OLIVEIRA, RIVADAVIO  
1550 NE 123 ST  
N MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

OLIVEIRA, RIVADAVIO

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

200 BISCAYNE BLVD WAY

83

# 11K

84 City

MIAMI

85 State

FL

86 Zip Code

33131

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

04-20-99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **OLIVEIRA, R**  
STREET ADDRESS **1550 NE 123 ST**  
CITY-ST-ZIP **N MIAMI FL 33161**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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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 **PD** ☒ Change ☐ Addition  
1.2 NAME **OLIVEIRA, RIVADAVIO**  
1.3 STREET ADDRESS **200 BISCAYNE BLVD WAY, # 11K**  
1.4 CITY-ST-ZIP **MIAMI, FLORIDA 33131**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-20-99 (305) 577-1717

CR2E034 (11/98)