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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S85012 (0)

1. Corporation Name
INTER FLORIDA CORPORATION



Principal Place of Business
5500 COLLINS AVENUE, T1
TOWER 1
MIAMI BEACH FL 33140
US

Mailing Address
5500 COLLINS AVENUE, T1
TOWER 1
MIAMI BEACH FL 33140-2538
US

3. Date Incorporated or Qualified
10/04/1991
3a. Date of Last Report
05/24/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0302391		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23 Zip		28 Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

LEWIS, DONALD
5500 COLLINS AVENUE, T1
MIAMI FL 33140

10. Name and Address of New Registered Agent

81 Name LAUREN ALLISON CABAN
82 Street Address (P.O. Box Number is Not Acceptable)
5500 Collins Ave
83 Tower Floor
84 City Miami Beach, FL 85 Zip Code 33140

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 *Lauren Allison Caban* Executive Secretary LAUREN ALLISON CABAN 1/9/97
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, JIM	1.2 NAME	
STREET ADDRESS	5500 COLLINS AVE., TOWER TWO	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BCH. FL	1.4 CITY - ST - ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DONALD	2.2 NAME	
STREET ADDRESS	411 BOREL AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN MATEO CA	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Caban, Lauren Allison
STREET ADDRESS		3.3 STREET ADDRESS	5500 Collins Ave. Tower Floor
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Miami Beach, FL 33140-2538
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 in an attachment with an address.

SIGNATURE *Lauren Allison Caban* LAUREN ALLISON CABAN 1/9/97 (305) 867-22
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)