

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850527

**Entity Name:** INTERAMERICANA TRANSPORT INDUSTRIES, INC.

**FILED**  
**Feb 01, 2019**  
**Secretary of State**  
**2558621659CC**

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD  
SUITE 154  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1825 PONCE DE LEON BLVD  
SUITE 154  
CORAL GABLES, FL 33134 US

**FEI Number: 59-2121526**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name HINKE, OLAV  
Address 5400 SNAPPER CREEK ROAD  
City-State-Zip: CORAL GABLES FL 33156

Title TD  
Name HINKE, EVA  
Address 5400 SNAPPER CREEK ROAD  
City-State-Zip: CORAL GABLES FL 33156

Title S  
Name HINKE, ELLEN  
Address 701 MINORCA AVE  
City-State-Zip: MIAMI FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ELLEN HINKE**

**DIRECTOR**

**02/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date