

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

**FILED**  
**Apr 22 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 # G10827 (5)**  
 1. Corporation Name  
**INTAL CORP.**



Principal Place of Business Mailing Address  
**825 SO BAYSHORE DR TOWER III STE 1643 MIAMI FL 33131**  
**825 SO BAYSHORE DR TOWER III STE 1643 MIAMI FL 33131-2936**

3. Date Incorporated or Qualified **11/17/1982** 3a. Date of Last Report **05/01/1996**  
 4. FEI Number **59-2245832** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **825 BRICKELL BAY DRIVE** 26 **825 BRICKELL BAY DRIVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **SUITE 1643 TOWER III** 27 **SUITE 1643 TOWER III**  
 City & State City & State  
 23 **MIAMI, FL** 28 **MIAMI, FL**  
 Zip Zip Country Country  
 24 **33131** 25 **USA** 29 **33131** 30 **USA**

9. Name and Address of Current Registered Agent  
**PAUL, JOSEPH A.**  
**825 S BAYSHORE DR**  
**TOWER III, SUITE 1643**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
 81 Name **LAURANS A. MENDELSON**  
 82 Street Address (P.O. Box Number is Not Acceptable) **825 BRICKELL BAY DRIVE**  
 83 **SUITE 1643**  
 84 City **MIAMI** 85 Zip Code **FL 33131**

11. Pursuant to the provisions of Sections 607.032 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **LAURANA A. MENDELSON** **4/11/97**  
Signature required for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>S</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>MENDELSON, ARLENE</b>                            |
| STREET ADDRESS | <b>825 S BAYSHORE DR</b>                            |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>PO</b> <input type="checkbox"/> DELETE           |
| NAME           | <b>MENDELSON, LAURANS A</b>                         |
| STREET ADDRESS | <b>825 S BAYSHORE DR</b>                            |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>V</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>PAUL, JOSEPH A.</b>                              |
| STREET ADDRESS | <b>825 S BAYSHORE DR</b>                            |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>AS</b> <input type="checkbox"/> DELETE           |
| NAME           | <b>VETTER, JUDITH</b>                               |
| STREET ADDRESS | <b>825 S BAYSHORE DR.</b>                           |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <input type="checkbox"/> DELETE                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> DELETE                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 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 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: *[Signature]* **LAURANS A. MENDELSON** **4/11/97** **(305) 374-1744**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRSE034 (9/96)