May 06, 2002 8:00 am Secretary of State FILED 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G10827 1. Entity Name 05-06-2002 90205 048 ***150.00 INTAL CORP. Principal Place of Business Mailing Address 825 BRICKELL BAY DRIVE 825 BRICKELL BAY DRIVE TOWER III STE 1643 TOWER III STE 1643 **MIAMI FL 33131 MIAMI FL 33131** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2245832 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENDELSON, LAURANS A Street Address (P.O. Box Number is Not Acceptable) 825 BRICKELL BAY DRIVE STE #1643 **MIAMI FL 33131** City Zip Code 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. 'ŠiGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MENDELSON, ARLENE NAME STREET ADDRESS 825 S BAYSHORE DR STREET ADDRESS MIAMI FL CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition MENDELSON, LAURANS A NAME NAME 825 S BAYSHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME **VETTER, JUDITH** NAME STREET ADDRESS 825 S BAYSHORE DR. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE:

of the corporation or the received

13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receive or trustee empowered to

SIGN

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mendelson 4/22/02

CITY-ST-ZIP

be not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if