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FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90148 034 \*\*\*158.75

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # M53513

1. Corporation Name  
INTERMARKET CORP.

Principal Place of Business  
7286 SW 48TH ST  
MIAMI FL 33155

Mailing Address  
151 MAJORCA AVE  
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/09/1987

4. FEI Number  
59-2820641

Applied For  
Not Applicable

2. Principal Place of Business  
21 7286 SW. 48 Street

2a. Mailing Address  
26 2121 Ponce de Leon Blvd.

22 Suite, Apt. #, etc.  
23 Miami, FL

27 Suite 240  
28 Coral Gables, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip 33155 25 Country USA

29 Zip 33134 30 Country USA

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

PRATS, GABRIEL, CPA  
151 MAJORCA AVE  
SUITE C  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name GABRIEL PRATS  
82 Street Address (P.O. Box Numbers Not Acceptable) 2121 Ponce de Leon Blvd.  
83 Suite 240  
84 City Coral Gables FL 85 Zip Code 33134

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, typed or printed name of registered agent and date if applicable

(NOT If Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | DP                  | <input type="checkbox"/> DELETE |
| NAME           | ALVAREZ, MANUEL A.  |                                 |
| STREET ADDRESS | 7286 SW 48TH ST     |                                 |
| CITY-ST-ZIP    | MIAMI FL            |                                 |
| TITLE          | DVS                 | <input type="checkbox"/> DELETE |
| NAME           | ALVAREZ, TERESA M   |                                 |
| STREET ADDRESS | 7286 SW 48TH ST     |                                 |
| CITY-ST-ZIP    | MIAMI FL            |                                 |
| TITLE          | DV                  | <input type="checkbox"/> DELETE |
| NAME           | ALVAREZ, PATRICIA M |                                 |
| STREET ADDRESS | 7286 SW 48TH ST     |                                 |
| CITY-ST-ZIP    | MIAMI FL            |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

305-663-9400

Day Daytime Phone #

CR2E034 (1/198)