


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M53513
 1. Entity Name
 INTERMARKET CORP.



| | |
|---|---|
| Principal Place of Business 7286 S.W. 48TH STREET MIAMI, FL 33155 | Mailing Address 7286 S.W. 48TH STREET MIAMI, FL 33155 |
|---|---|

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2820641 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALVAREZ, PATRICIA M
 7286 SW 48TH ST
 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO ALVAREZ, MANUEL A. 7286 SW 48TH ST MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS ALVAREZ, TERESA M 7286 SW 48TH ST MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ALVAREZ, PATRICIA M 7286 SW 48TH ST MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/20/04-80043-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Manuel A. Alvarez 1/15/04 305-663-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #