

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 MAY -1 PM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S52555** (7)  
1. Corporation Name  
**INTEGRA CORP.**

Principal Place of Business Mailing Address  
**4675 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES FL 33146**

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt #, etc	26 Suits, Apt #, etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>05/13/1991</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>65-0277759</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BAKER, RONALD G.  
4675 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 title if applicable) \_\_\_\_\_ (Typed) (Registered Agent Signature) (Typed) (Typed) (Typed)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BAKER, RONALD G.</b>
STREET ADDRESS	<b>4675 PONCE DE LEON BLVD.</b>
CITY, ST, ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>PD</b>
NAME	<b>VINOLY, LEONOR</b>
STREET ADDRESS	<b>1690 S BAYSHORE LN #68</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>VP</b>
NAME	<b>MENENDEZ, RODOLFO</b>
STREET ADDRESS	<b>1690 S BAYSHORE LN #68</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b>
NAME	<b>VINOLY, DANIEL</b>
STREET ADDRESS	<b>1690 S BAYSHORE LN #68</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 413.07(3)(b), 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: Leonor Vinoly **4/24/95** (305) 859-8110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #