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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S52555**
 1. Corporation Name
INTEGRA CORP.

Principal Place of Business: 4675 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES FL 33146
 Mailing Address: 1690 S BAYSHORE LANE SUITE 6-B MIAMI FL 33133 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4675 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES FL 33146
 2a. Mailing Address: 441 GRAND BAY DRIVE APT # 403 KEY BISCAYNE FL 33149 USA

3. Date Incorporated or Qualified: 05/13/1991
 4. FEI Number: 65-0277759
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes 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: **FL**
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: BAKER, RONALD G.	
STREET ADDRESS: 4675 PONCE DE LEON BLVD.	
CITY-ST-ZIP: CORAL GABLES FL	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: VINOLY, LEONOR	
STREET ADDRESS: 1690 S BAYSHORE LN #6B	
CITY-ST-ZIP: MIAMI FL	
TITLE: VP	<input type="checkbox"/> DELETE
NAME: MENENDEZ, RODOLFO	
STREET ADDRESS: 1690 S BAYSHORE LN #6B	
CITY-ST-ZIP: MIAMI FL	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: VINOLY, DANIEL	
STREET ADDRESS: 1690 S BAYSHORE LN #6B	
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:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: VINOLY, LEONOR	
1.3 STREET ADDRESS: 441 GRAND BAY DRIVE # 403	
1.4 CITY-ST-ZIP: KEY BISCAYNE, FL 33149	
2.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: MENENDEZ, RODOLFO	
2.3 STREET ADDRESS: 441 GRAND BAY DRIVE # 403	
2.4 CITY-ST-ZIP: KEY BISCAYNE, FL 33149	
3.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: VINOLY, DANIEL	
3.3 STREET ADDRESS: 441 GRAND BAY DRIVE # 403	
3.4 CITY-ST-ZIP: KEY BISCAYNE, FL 33149	
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: Leonor Vinoly **REQUIRED** 2/15/99 (305) 365-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)