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Secretary of State

# PROFIT CORPORATION ANNUAL REPORT 1997

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

**DOCUMENT #** 489967

1. Corporation Name

INTERCAMBIO AMERICA CORPORATION

Principal Place of Business / Mailing Address

1000 BRICKELL AVENUE - SUITE 900
MIAMI, FLORIDA 33131

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 3501 S.W. 8 Street | 26 | 3501 S.W. 8 Street |
| 22 Suite, Apt #, etc | 211 | 27 Suite, Apt #, etc | 211 |
| 23 City & State | Miami, Florida | 28 City & State | Miami, Florida |
| 24 Zip | 33135 | 29 Zip | 33135 |
| 25 Country | USA | 30 Country | USA |

3. Date Incorporated or Qualified: 11/11/1975

3a. Date of Last Report:

4. FEI Number: 59-1663498 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

GORRIZ, DOMINGO
3501 S.W. 8 STREET - # 211
MIAMI, FLORIDA 33135

**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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ NOTE: Registered Agent signature required [illegible] DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | Gillis, Michael J. | | 1.2 NAME | | |
| STREET ADDRESS | 1000 Brickell Ave - #900 | | 1.3 STREET ADDRESS | 3501 S.W. 8 Street - #211 | |
| CITY-ST-ZIP | Miami, Florida 33131 | | 1.4 CITY-ST-ZIP | Miami, Florida 33135 | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | Gillis, Saundra E | | 2.2 NAME | 3501 S.W. 8 Street - #211 | |
| STREET ADDRESS | 1000 Brickell Ave. - #900 | | 2.3 STREET ADDRESS | Miami, Florida 33135 | |
| CITY-ST-ZIP | Miami, Florida 33135 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | RW 4-23-97 | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | 500002154425<br>-04/25/97--01004--045<br>***165.00 | ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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.

SIGNATURE: MICHAEL J. GILLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR