

AMENDMENT

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra S. Morthern  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 OCT 27 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M53513

1. Corporation Name  
INTERMARKET CORPORATION

Principal Place of Business Mailing Address  
7286 SW 48 STREET 7286 SW 48 STREET  
MIAMI, FLORIDA 33155 MIAMI, FLORIDA 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/09/1987

4. FEI Number  
59-2820641 Applied For  
Not Applicable

5. Certificate of Status Desired  \$0.75 Additional Fee Required

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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 2a Suite, Apt. #, etc.

22 City & State 2b City & State

23 Zip 2c Zip

24 Country 2d Country

8. Name and Address of Current Registered Agent

PRATS, GABRIEL, CPA  
2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FLORIDA 33134

9. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1306, 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 607.0506, Florida Statutes.

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

17. OFFICERS AND DIRECTORS		18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P ALVAREZ, MANUEL A. 7286 SW 48 STREET MIAMI, FL 33155 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALVAREZ, MANUEL A. 7286 SW 48 STREET MIAMI, FL 33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V S ALVAREZ, TERESA M. 7286 SW 48 STREET MIAMI, FL 33155 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003031996-- -11/02/99--01037--014 *****61.25*****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V ALVAREZ, PATRICIA M. 7286 SW 48TH STREET MIAMI, FLORIDA 33155 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D P <input type="checkbox"/> Change <input type="checkbox"/> Addition ALVAREZ, PATRICIA M. 7286 SW 48TH STREET MIAMI, FLORIDA 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

T. LEWIS OCT 27 1999

14. 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 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: \_\_\_\_\_ DATE: 10/19/99

305-663-9400

CR2E084 (5/98)