

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M53513

**FILED**  
**Feb 01, 2017**  
**Secretary of State**  
**CC9460042154**

**Entity Name:** INTERMARKET CORP.

**Current Principal Place of Business:**

7286 S.W. 48TH STREET  
MIAMI, FL 33155

**Current Mailing Address:**

7286 S.W. 48TH STREET  
MIAMI, FL 33155

**FEI Number:** 59-2820641

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ALVAREZ, PATRICIA M  
7286 SW 48TH ST  
MIAMI, FL 33155 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DCEO  
Name ALVAREZ, MANUEL A.  
Address 7286 SW 48TH ST  
City-State-Zip: MIAMI FL 33155

Title DVS  
Name ALVAREZ, TERESA M  
Address 7286 SW 48TH ST  
City-State-Zip: MIAMI FL 33155

Title DP  
Name ALVAREZ, PATRICIA M  
Address 7286 SW 48TH ST  
City-State-Zip: MIAMI FL 33155

Title D  
Name ALVAREZ, THERESA  
Address 7286 SW 48TH ST  
City-State-Zip: MIAMI FL 33155

Title D  
Name ALVAREZ, MANUEL JR.  
Address 7286 SW 48TH ST  
City-State-Zip: MIAMI FL 33155

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA ALVAREZ

**PRESIDENT**

**02/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date