FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **489967** **(0)**

1. Corporation Name

INTERCAMBIO AMERICA CORPORATION

Principal Place of Business	Mailing Address
3501 S.W. 8TH STREET. #207 MIAMI FL 33135-4191	C/O DOMINGO GORRIZ KARPEL AND CO. P.A. 4770 BISCAYNE BLVD..1070 MIAMI FL 33137

3. Date Incorporated or Qualified: **11/11/1975**
3a. Date of Last Report: **08/04/1995**

21 2. Principal Place of Business	C/O DOMINGO GORRIZ 1000 BRICKELL AVE
22 Suite, Apt. #, etc.	SUITE 900
23 City & State	MIAMI FL
24 Zip / 25 Country	33131 / DADE
26 2a. Mailing Address	C/O DOMINGO GORRIZ 1000 BRICKELL AVE
27 Suite, Apt. #, etc.	SUITE 900
28 City & State	MIAMI, FL
29 Zip / 30 Country	33131 / USA

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
2150 CORAL WAY
7TH FLOOR
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: GORRIZ, DOMINGO
82 Street Address (P.O. Box Number is Not Acceptable): 1000 BRICKELL AVE SUITE 900
83
84 City: MIAMI FL 85 Zip Code: 33131

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			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	4770 BISCAYNE BLVD., 1070		1.3 STREET ADDRESS	1000 BRICKELL AVE STE 900	
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	T	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GILLIS, SAUNDRA E		2.2 NAME		
STREET ADDRESS	4770 BISCAYNE BLVD., 1070		2.3 STREET ADDRESS	1000 BRICKELL AVE STE 900	
CITY-ST-ZIP	MIAMI FL 33137		2.4 CITY-ST-ZIP	MIAMI, FL 33131	
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		
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		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 119.07(3)(k), 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 5.17.96 305.373.6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)