

FILE NOW: FILING FEE AFTER MAY 1 IS \$500.00

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED
Apr 23 1997 8:00am
Secretary of State

DOCUMENT # 489967

1. Corporation Name

INTERCAMBIO AMERICA CORPORATION

Principal Place of Business

Mailing Address

**1000 BRICKELL AVENUE - SUITE 900
MIAMI, FLORIDA 33131**

3. Date Incorporated or Qualified
11/11/1975

3a. Date of Last Report

2. Principal Place of Business
21 **3501 S.W. 8 Street**

2a. Mailing Address
26 **3501 S.W. 8 Street**

4. FEI Number
59-1663498

Applied For
Not Applicable

22 **211**

27 **211**

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

23 **Miami, Florida**

28 **Miami, Florida**

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

24 **33135**

25 **USA**

29 **33135**

30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, its 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 for this corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **Gillis, Michael J.**
CITY-STATE-ZIP **1000 Brickell Ave - #900**
Miami, Florida 33131

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS **3501 S.W. 8 Street - #211**
14 CITY-STATE-ZIP **Miami, Florida 33135**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **Gillis, Sandra E**
CITY-STATE-ZIP **1000 Brickell Ave. - #900**
Miami, Florida 33135

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS **3501 S.W. 8 Street - #211**
24 CITY-STATE-ZIP **Miami, Florida 33135**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I, the undersigned, certify that the information furnished in this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a duly authorized officer or director of the corporation, or the duly authorized agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report.

SIGNATURE:

MICHAEL J. GILLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten: RW 4-23-97

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-04/25/97--01004--045
*****165.00**

CR2034 (9/96)