

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G52425

(7)

1. Corporation Name

INTRADECO, INC.

Principal Place of Business

7300 BIRD ROAD  
SUITE 200  
MIAMI FL 33155-6600

Mailing Address

7300 BIRD ROAD  
SUITE 200  
MIAMI FL 33155-6600

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/02/1983

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2313297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 192.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMAN, JOSE  
7300 BIRD ROAD  
SUITE 200  
MIAMI FL 33155

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

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                        |
|-----------------|------------------------|
| TITLE           | P                      |
| NAME            | SIMAN, JOSE EDUARDO    |
| STREET ADDRESS  | 7300 BIRD ROAD, S-#200 |
| CITY - ST - ZIP | CORAL GABLES FL        |
| TITLE           | ST                     |
| NAME            | SIMAN, FELIX JOSE      |
| STREET ADDRESS  | 7300 BIRD ROAD, S-#200 |
| CITY - ST - ZIP | CORAL GABLES FL        |
| TITLE           | D                      |
| NAME            | SIMAN, GUILLERMO       |
| STREET ADDRESS  | 7300 BIRD ROAD, S-#200 |
| CITY - ST - ZIP | CORAL GABLES FL        |
| TITLE           | D                      |
| NAME            | SIMAN, TEOFILO         |
| STREET ADDRESS  | 7300 BIRD ROAD, S-#200 |
| CITY - ST - ZIP | CORAL GABLES FL        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

(305) 264-8888