

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 # **G52425**

(7)

1. Corporation Name

INTRADECO, INC.

Principal Place of Business

**7300 BIRD ROAD
SUITE 200
MIAMI FL 33155-6800**

Mailing Address

**7300 BIRD ROAD
SUITE 200
MIAMI FL 33155-6800**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SIMAN, JOSE
7300 BIRD ROAD
SUITE 200
MIAMI FL 33155**

3. Date Incorporated or Qualified

08/02/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2313297

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

10. Name and Address of New Registered Agent

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 the date of signature.

Agent's Signature and Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

**SIMAN, JOSE EDUARDO
7300 BIRD ROAD, S-#200
CORAL GABLES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

ST

☐ DELETE

NAME

**SIMAN, FELIX JOSE
7300 BIRD ROAD, S-#200
CORAL GABLES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**SIMAN, GUILLERMO
7300 BIRD ROAD, S-#200
CORAL GABLES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**SIMAN, TEOFILO
7300 BIRD ROAD, S-#200
CORAL GABLES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this form was 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/96 (305)264-8888

CR2E034 (12/95)