

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G98875** (9)
1. Corporation Name
INTER CONTAX, INC.



Principal Place of Business

Mailing Address

**444 BRICKELL AVE #51-246
SUITE 51-246
MIAMI FL 33131
US**

**444 BRICKELL AVE
51-246
MIAMI FL 33131
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC.
100 S E SECOND ST
SUITE 2315-A
MIAMI FL 33131**

3. Date Incorporated or Qualified

02/24/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2396518

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 below in block capital letters (Do not use initials) (Do not use a signature that is not legible)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
BAGOT, JACQUES**
STREET ADDRESS **444 BRICKELL AVE #51-246**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **S
ALEXANDER, A.**
STREET ADDRESS **444 BRICKELL AVE #51-246**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **AS
MAXFIELD, P.**
STREET ADDRESS **444 BRICKELL AVE #51-246**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

NAME **TD
SMEJDA, L.**
STREET ADDRESS **444 Brickell Ave #51-246**
CITY-ST-ZIP **Miami, FL 33131**

5.1 TITLE ☐ Change ☒ Addition

NAME **S
Sonia Constante**
STREET ADDRESS **444 Brickell Ave. #51-246**
CITY-ST-ZIP **Miami, FL 33131**

6.1 TITLE ☐ Change ☐ 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 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

Date

Daytime Phone #

CR2E034 (12/95)