## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K88916

(7)

## INTEX SALES CORPORATION

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Principal Place	e of Business	Mailing Address						11 15 16 11 15 16 4
C/O ELVIA R. PEREZ		C/O ELVIA R. PEREZ						
8320 S.W. 44TH ST.		8320 S.W. 44TH ST.				DO NOT INDITE IN THIS CDACE		
MIAMI FL 33155-4223		MIAMI FL 33155-4223		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						05/17/1989		
9 Principal P	ace of Business	2a. Mailing Address	<u>-,</u>			4. FEI Number	Δn	plied For
<b>—</b> , '	ace of Dusinoss	26. Walling Address				65-0122550	<del> </del>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	
22		27				5. Certificate of Status Desired	Fee Re	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	
Zip Country		7 <sub>i</sub> p				8. This corporation owes or has paid the cur	rent year Int	angible
24	25 29 30		30			Personal Property Tax due June 30. 🔲 Yes 🔲 No		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
PE	REZ, RIGOBERTO JR.			B1	Name			
	20 <b>S</b> .W. 44TH ST.		-	B2	Street Addr	ess (P.O. Box Number is Not Acceptable)		
MV	AMI FL 33155							
				83				
			-	84	City		85 Zip (	Code
					,	FL	.   `	
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						DAY.		
	Signature, typod or printed name of registered ager		13.	Age	nt signature require	ed when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTOR	S IN 12
TITLE	DST			ιξ		ADDITIONAL PRINTED TO OTT TO CITE AND	Change	☐ Addition
NAME			1.2 NA					
STREET ADDRESS	8320 S.W. 44TH ST.		1.3 STREET ADDRESS		ADDRESS			l:
			1.4 CIT					1
CITY-ST-ZIP TITLE	DP				1 - 2/4		Change	☐ Addition
NAME	Access to blooders		22 NA				•	-
STREET ADDRESS	8320 S.W. 44TH ST.		2.3 STREET A		ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 Ci					
TITLE	V	DELETE	3.1 TIT				Change	☐ Addition
NAME	PEREZ, JOSE ALBERTO		3.2 NA	ME				
STREET ADDRESS	10759 SW 138 STREET				ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CI	ry-s	ST-ZIP			
TITLE	<u> </u>	DELETE	4.1 TIT				☐ Change	Addition
NAME			4. 2 NA	ME				1
STREET ADDRESS			4.3 ST	REET	ADDRESS			j
CITY-ST-ZIP			4.4 CIT					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y - S	T-ZIP			
TITLE		☐ DELETE	6.1 TIT	•			Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP			6.4 CIT					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 encaderes.

12/29/98

**FILED** 

Apr 22 1998 8:00am

Secretary of State