FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State ENVISION OF EGRPORATIONS 1996 5-1-96 DOCUMENT # L06642 INTERMARKETS TRADING CORPORATION Principal Place of Business Mailing Address 14076 TROUVILLE DRIVE 14076 TROUVILLE DRIVE TAMPA FL 33624-6958 TAMPA FL 33624-6958 3. Date Incorporated or Qualified 3a. Date of Last Report 08/03/1989 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2963451 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required Orty & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Ζφ Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 ☐ Yes ☐ No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JANNOUN, SAEB M 82 Street Address (P.O. Box Number is Not Acceptable) 14076 TROUVILLE DRIVE TAMPA FL 33624-6958 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or perted has electroged even upon and their applicance #3016. Buyeloned April in gradure required when remedying-OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 THE Change Addition JANNOUN, SAEB M 1.2 NAME 14076 TROUVILLE DRIVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - 21P DELETE 2.17111.6 Change Addition A 2.2 NAME STREET ADDRESS 2.3 STREET LADDRESS CITY-S1-ZIP 24 CITY - ST ZIP DELETE 3 1 TITLE [] Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CHY - ST - ZIP DELETE 4 1 1 111 Change Addition 4.2 NAME

6 4 CITY - S1 - 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 industried 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 pregion 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 hanged, or on an attachmen vith an address

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