

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 5:35

**DOCUMENT # L06953 (8)**

1. Corporation Name:

**INTERCORP - INTERNATIONAL TRADING GROUP CORPORAT  
ION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business:

**10541 S.W. 107 ST  
MIAMI FL 33176**

Mailing Address:

**10541 S.W. 107 ST  
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>08/03/1989</b>                                                                                                         | 3a. Date of Last Report<br><b>04/18/1994</b>           |
| 4. FEI Number<br><b>65-0134689</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>                                                                                        | <b>\$8.75 Additional<br/>Fee Required</b>              |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | <b>\$5.00 May Be<br/>Added to Fees</b>                 |
| 8. This corporation has liability for intangible tax under S. 190.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

|                                |                       |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address   |
| 21 State: Apr. # etc.          | 26 State: Apr. # etc. |
| 22 City & State                | 27 City & State       |
| 23 Zip                         | 28 Zip                |
| 24 Country                     | 29 Country            |
| 25                             | 30                    |

**9. Name and Address of Current Registered Agent**

**VILLAR, ALEJANDRO  
10541 SW 107 STREET  
MIAMI FL 33176**

**10. Name and Address of New Registered Agent**

|                                                       |           |
|-------------------------------------------------------|-----------|
| 81 Name                                               |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83                                                    |           |
| 84 City                                               | <b>FL</b> |
| 85 Zip Code                                           |           |

11. Pursuant to the provisions of Sections 607.0615 and 607.0618, 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 607.0618, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | <b>PD</b>                |
| NAME           | <b>VILLAR, ALEJANDRO</b> |
| STREET ADDRESS | <b>10541 SW 107 ST</b>   |
| CITY, ST, ZIP  | <b>MIAMI FL</b>          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |

**13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 14 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 NAME           |                                                                   |
| 16 STREET ADDRESS |                                                                   |
| 17 CITY, ST, ZIP  |                                                                   |
| 18 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 NAME           |                                                                   |
| 20 STREET ADDRESS |                                                                   |
| 21 CITY, ST, ZIP  |                                                                   |
| 22 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 NAME           |                                                                   |
| 24 STREET ADDRESS |                                                                   |
| 25 CITY, ST, ZIP  |                                                                   |
| 26 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27 NAME           |                                                                   |
| 28 STREET ADDRESS |                                                                   |
| 29 CITY, ST, ZIP  |                                                                   |
| 30 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 NAME           |                                                                   |
| 32 STREET ADDRESS |                                                                   |
| 33 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 190.03(2)(b), 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 of this report. An invalid filing report with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (305) 274 6629