

**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 # **L39574 (3)**  
1. Corporation Name  
**INTERTRONCO CORP.**



Principal Place of Business Mailing Address  
**% ALEJANDRO STEIN**  
**3080 CENTER STREET**  
**COCOANUT GROVE FL 33133**

3. Date Incorporated or Qualified **12/26/1989** 3a. Date of Last Report **11/17/1995**  
4. FEI Number **65-0168936** 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

2. Principal Place of Business 2a. Mailing Address  
21 **701 Brickell Ave.** 26 **701 Brickell Ave.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 3000** 27 **Suite 3000**  
City & State City & State  
23 **Miami, FL** 28 **Miami, FL**  
Zip City Zip City  
24 **33131** 25 **33131** 29 **33131** 30 **33131**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVE.**  
**STE. 300**  
**MIAMI FL 33131**

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 of Registered Agent (Print Name and Title) \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Registered Agent (Print Name and Title) \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, ALEXANDER</b>	1.2 NAME	
STREET ADDRESS	<b>3080 CENTER STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33133-4469</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>3080 CENTER STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33133-4469</b>	2.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, ANDREA T</b>	3.2 NAME	<b>Stein, Andre T.</b>
STREET ADDRESS	<b>3080 CENTER ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33133-4469</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYNARD, CARL K</b>	4.2 NAME	
STREET ADDRESS	<b>3080 CENTER STREET</b>	4.3 STREET ADDRESS	<b>500001817895</b>
CITY - ST - ZIP	<b>MIAMI FL 33133-4469</b>	4.4 CITY - ST - ZIP	<b>-05/13/96--01021--012</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>***200.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 in 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 it changes, or on an attachment with an address.

SIGNATURE

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR-24-96

447-9229

CR2E034 (12/95)