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 # L39574

(3)

INTERTRONCO CORP.

FILED
May 13 1998 8:00am
Secretary of State

MILNI	nonce conf.				
Principal Place of Business		Mailing Address		# CADULANT DOM URION BRIEF COMIT MARE WE	DEL GENIT ATATA DINST ATOM ÖLÜSE 1901
701 BRICKELL AVE.		701 BRICKELL AVE.			
SUITE 3000		SUITE 3000		DO NOT WRITE IN	THIS SPACE
MIAMI FL 33131 US		MIAMI FL 33133		3. Date Incorporated or Qualified	THOUNDE
"				12/26/1989	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0168936	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		Crt. 2 State			Fee Required
23 City & State		City & State		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	This corporation owes or has paid to	
24	25	29	30	Personal Property Tax due June 30	
-	9. Name and Address of Curre			10. Name and Address of New Regis	
INTRASTATE REGISTERED AGENT CORPORATION 81 Name					
701 BRICKELL AVE.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	E. 300		Ollegi Addie	ess (1.0. Box Humber is Not Acceptable)	
	AMI FL 33131		83		
ł			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 a	m familiar with, and accept the obli	gations of, Section 607.0505, FI	lorida Statutes.	one pour de la directore. (nereby trecept tr	to appearing the rogic to the
SIGNATURE					
40	Signature, typed or printed name of regelered a	ugent and trie if applicable (NO) ND DIRECTORS	1) Registered Agent signature require		DATE
12.	PD	DELETE	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	STEIN, ALEXANDER	ДД оссоле	1.2 NAME		E onlingo E roomon
STREET ADDRESS	3080 CENTER STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133-4669		1.4 CITY-ST-ZIP		
TITLE	VPS	DELETE	2.1 TITLE		Change Addition
NAME	SCHWARTZ, RICHARD		2.2 NAME		
STREET ADDRESS	3080 CENTER STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133-4669		2. 4 CITY - ST - ZIP		. *
TITLE	Ť	DELETE	3.1 TITLE		Change Addition
NAME	STEIN, ANDRE T		3.2 NAME		
STREET ADDRESS	3080 CENTER ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133-4669		3.4. CITY - ST - ZIP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	MAYNARD, CARL K		4. 2 NAME		
STREET ADDRESS	3080 CENTER STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133-4669		4 4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE.	5.4 CITY - ST - ZIP		Change
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1

64 CITY-S1-ZIP

14. Thereby 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 suppliemental 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.