2004 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE

FILED ANNUAL REPORT Jan 30, 2004 08:00 AM-Secretary of State DOCUMENT # L90166 1. Entity Name INTIMEX, INC. Principal Place of Business Mailing Address 1341 NW 20 ST 1341 NW 20 ST MIAMI, FL 33142 MIAMI, FL 33142 01102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0207828 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VOLPE, SALVATORE R. DO NOT WRITE 8585 SW 148 TER MIAMI, FL 33158 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VOLPE, SALVATORE R. NAME STREET ADDRESS 8585 SW 148 TER U00000021543 01/30/04-80008-024 158.75 CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this report or supplemental 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 received or trusted impowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

D OF PRINTED NAME OF SIGNING OFFICER OF