FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 4:09

DOCUMENT # **M37336** **(8)**

1. Corporation Name
INTERMODAL COMPONENTS CORPORATION

Principal Place of Business
C/O JORGE NOVO
3250 N.W. 65TH STREET
MIAMI FL 33147

Mailing Address
C/O JORGE NOVO
3250 N.W. 65TH STREET
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21 3601 N.W. 62 ST.
Suite, Apt. #, etc.: 22
City & State: 23 MIAMI, FL
Zip: 24 33147 Country: 25 U.S.

2a. Mailing Address: 26 1501 SW LEJEUNE RD.
Suite, Apt. #, etc.: 27
City & State: 28 CORAL GABLES, FL
Zip: 29 33134 Country: 30 U.S.

4. FEI Number: 59-2755476 — 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

9. Name and Address of Current Registered Agent
NOVO, JORGE
3250 N.W. 65TH STREET
MIAMI FL 33147

10. Name and Address of New Registered Agent
01 Name: TERRY J. FORMAN
02 Street Address (P.O. Box Number is Not Acceptable): 1501 SW LEJEUNE ROAD
03
04 City: CORAL GABLES FL 05 Zip Code: 33134

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] 1/28/95
Signature of a member of the board of directors or authorized officer — Date

12. OFFICERS AND DIRECTORS

01 TITLE	PDST
02 NAME	NOVO, JORGE
03 STREET ADDRESS	3250 NW 65 ST
04 CITY, ST, ZIP	MIAMI FL
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/S/D ☒ Change ☐ Addition
12 NAME	TERRY J. FORMAN
13 STREET ADDRESS	1501 SW LEJEUNE ROAD
14 CITY, ST, ZIP	CORAL GABLES, FL 33134
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	
81 TITLE	☐ Change ☐ Addition
82 NAME	
83 STREET ADDRESS	
84 CITY, ST, ZIP	
101 TITLE	☐ Change ☐ Addition
102 NAME	
103 STREET ADDRESS	
104 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 contained in the annual report of nonprofit 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 recipient of 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 is added in Block 13 with an attachment with an address.

SIGNATURE: [signature] TERRY J. FORMAN 1/28/95 (305) 444-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number