FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Mar 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M47514 (8)INTEXCO INC. Principal Place of Business Mailing Address AIRPORT EXEC TWR II AIRPORT EXECUTIVE TOWER II 7270 NW 12TH ST STE 670 7270 NW 12 STREET / STE - 670 DO NOT WRITE IN THIS SPACE MIAMI FL 33126-1427 MIAMI FL 33126-1927 3. Date Incorporated or Qualified 03/02/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2783671 Not Applicable 21 Suite, Ap1 #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes ☐ No 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BARRERA, FRANK X 7420 SW 148 CT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33193** 83 84 City Zip Code 11. Pursuar# 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 typod or printed name of registered agent and the illustrated (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE TITLE BARRERA, FRANK X. 1.2 NAME NAME 7420 SW 148TH CT. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELFTE ☐ Change Addition | 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-2IP CITY-S1-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELL TE Change 51 TATLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I horeby 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 supplienental 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 histogeneously described to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attactively with an address

beneus

SIGNATURE:

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