PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M52374

ORTIZ, SILVIA M.

HIALEAH FL

HIALIAH FL

13960 NW 60TH AVE

TORRES, ANTONIO

13960 NW 60TH AVE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

Corporation Name

INTREPID CORP.

Mailing Address Principal Place of Business 13960 NW 60TH AVENUE 13960 NW 60TH AVE SUITE 316 SHITE 316 HIALEAH FL 33014 DO NOT WRITE IN THIS SPACE HIALEAH FL 33014 3. Date Incorporated or Qualifed 05/19/1987 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-2833194 3900 N.W. 79TH AVENUE Not Applicable 3900 N.W. 79TH AVENUE \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 567 Fee Required 567 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees MIAMI, FL MIAMI, FL Trust Fund Contribution 28 Country Country 8. This corporation owes the current year Intangible □No Personal Property Tax. 25 U.S.A. 29 33166 30 U.S.A 33166 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ORTIZ, EMILIO, M Street Address (P.O. Box Number is Not Acceptable) 3900 N.W. 79TH AVENUE 82 13960 NW 60TH AVE SUITE 2B 83 SUITE 567 HIALEAH FL 33014-3127 84 City MIAMI 85 Zip Code 33166 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 (NOTE: Registered Agent signature required when reinstating) ted name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE ORTIZ, EMILIO M. 1.2 NAME NAME 3900 N.W. 79TH AVENUE SUITE 567 13960 NW 60TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL MIAMI, FL 33166 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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2.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

14. 1 hereby 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

3900 N.W. 79TH AVENUE SUITE 567-

3900 N.W. 79TH AVENUE SUITE 567

MIAMI, FL 33166

MIAMI, FL 33166

Daytime Phone #

X Change

Change

Change

Addition

☐ Addition

Addition

☐ Addition

FILED Mar 06, 1999 8:00 am

Secretary of State

03-06-1999 90045 013 ***150.00

CR2E034 (11/98)