

CORPORATION
ANNUAL REPORT

2002 2002



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M52374

1. Corporation Name
INTREPID CORP.

Principal Place of Business
3191 Coral Way
Suite 635
Miami, Fl. 33145

Mailing Address

FILED

02 APR 25 AM 9:43



TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1987

4. FEI Number

59-2833194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 3191 Coral Way

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
635

27 Suite, Apt. #, etc.

23 City & State
Miami, Fl.

28 City & State

24 Zip Country
33145 U.S.A.

29 Zip Country
U.S.A.

9. Name and Address of Current Registered Agent

ORTIZ, EMILIO, M
3191 Coral Way
Suite 635
Miami Fl. 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ORTIZ, EMILIO M.
STREET ADDRESS 3900 N.W. 79 Ave. Suite 567
CITY-ST-ZIP Miami Fl. 33166

TITLE SD ☐ DELETE

NAME ORTIZ, SILVIA M.
STREET ADDRESS 3900 N.W. 79 Ave. Suite 567
CITY-ST-ZIP Miami Fl. 33166

TITLE TD ☐ DELETE

NAME TORRES, ANTONIO
STREET ADDRESS 3900 N.W. 79 Ave. Suite 567
CITY-ST-ZIP Miami, Fl. 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3191 Coral Way
1.4 CITY-ST-ZIP Suite 635 Miami, Fl. 33145

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 3191 Coral Way
2.4 CITY-ST-ZIP Suite 635, Miami Fl. 33145

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 3191 Coral Way
3.4 CITY-ST-ZIP Suite 635 Miami, Fl. 33145

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 900005451789--2
4.3 STREET ADDRESS -05/06/02--01009--005
4.4 CITY-ST-ZIP ****150.00 ****150.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: *Antonio Torres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANTONIO TORRES Treasurer

Date: 4/11/02
Daytime Phone #