COLLONATION ANNUAL REPORT



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DC | CU | MEN | JT# | M5: | 2374 |
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| | | 4.1 | | 17172 | |

1. Corporation Name

INTREPID CORP.

Principal Place of Business

3191 Coral Way

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| | Mailing | Addes |
| | Manino | Addres |
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TALLAHASSEE, FLORIDA

| 3. Date Incorporated or 05/19/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 59-2833194 | esired | \$8.7 | Applied For |
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| 3. Date Incorporated or 05/19/1987 2. Principal Place of Business 21. 3191 Coral Way 26. 59-2833194 Suite, Apt. #, etc. 5. Certificate of Status December 27 City & State Ci | Qualifed esired lancing | \$8.7 | |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 3191 Coral Way 26 59-2833194 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status December 1 City & State City & State 6. Election Campaign Fin Trust Fund Contribution Zip Country Zip Country 8. This corporation owes | nancino | | |
| Suite, Apt. #, etc. 22 | nancino | | |
| Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status December 27 Status December 28 State City & State Miami, F1. Zip Country Zip Country Zip Country Suite, Apt. #, etc. 5. Certificate of Status December 29 Statu | nancino | | IYOL ADDIICAD |
| City & State State City & State State City & State City & State City & State City & State State City & State State City & State State City & State State State City & State State State City & State S | nancino | | 5 Additional |
| 23 Miami, F1. 28 5. Election Campaign Fir Trust Fund Contribution Campaign Fir Trust Fund Campaign Fir Fund Campaign Fir Trust Fund Campaign Fir Trust Fund Campaign Fir Trust Fund Campaign Fir | ancing | | Required |
| Zip Country Zip Country 8. This corporation owes | ·-··on··9 | \$5.0 | 0 May Be |
| 8. This corporation owes | n 🗆 | | d to Fees |
| | the current year int | | - |
| 24 30 U.S.A. Personal Property Tax | | Yes Yes | □No |
| 9. Name and Address of Current Registered Agent 10. Name and Current Registered Agent 10. Name Ag | f New Registered | Agent | |
| ORTIZ, EMILIO, M | | | |
| 82 Street Address (P.O. Box Number in Net | Accentable) | | |
| J191 Colai way | | | |
| Suite 635 | | | |
| Miami F1. 33145 | | 85 Zip | Code |
| | FL | 1 1 ~ | Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. | for the purpose of c accept the appoint | hanging it tment as r | s registered egistered |
| NATURE | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONIS/CHANGES TO | DATE | | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES T | | | |
| NAME ORTIZ, EMILIO M. | | X Change | ☐ Addition |
| STREET ADDRESS 3900 N.W. 79 Ave. Suite 567 | | | |
| Miami F1: 33166 Suite 635 Miami, F | 1. 33145 | | |
| TITLE SD 1.4 CITY-ST-ZIP 2.1 TITLE 2.1 TITLE | | | |
| | | W.Channe | FT A CENT |
| NAME ORTIZ SILVIA M. 22MAME 2101 Comp. Tug. | <u> </u> | X Change | Addition |
| 3000 N H 70 Area Crista 567 | | X Change | Addition |
| STREETADDRESS 3900 N.W. 79 Ave. Suite 567 Suite 567 Suite 635, Miami Fl 33166 | | X Change | Addition |
| STREETADDRESS 3900 N.W. 79 Ave. Suite 567 CITY-ST-ZIP | 1. 33145 | | |
| STREET ADDRESS 3900 N.W. 79 Ave. Suite 567 CITY-ST-ZIP MIAMI F1 33166 TO DELETE 3.1 ITILE ST97 Collai Way Suite 635, Miami F1 CI DELETE 3.1 ITILE | 1. 33145 | X Change | ☐ Addition |
| STREET ADDRESS 3900 N.W. 79 Ave. Suite 567 Miami Fl 33166 TO COTAL Way Suite 635, Miami Fl 31 mle TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 STREET ADDRESS 31 mle 32 NAME 32 NAME 3191 Coral Way STREET ADDRESS STREET ADDRESS SUITE 64 F NAME 31 STREET ADDRESS SUITE 64 F NAME 51 STREET ADDRESS SUITE 65 F NAME 51 STREET ADDRESS SUITE 64 F NAME 51 STREET ADDRESS SUITE 64 F NAME 51 STREET ADDRESS SUITE 65 F NAME 51 STREET ADDRESS SUITE 64 F NAME 51 STREET ADDRESS SUITE 64 S NAME 51 STREET ADDRESS SUITE 64 S NAME 51 STREET ADDRESS SUITE 64 S NAME 51 STREET ADDRESS SUITE 65 S NAME 51 S NAME | 1. 33145 | | |
| STREET ADDRESS 3900 N.W. 79 Ave. Suite 567 Miami F1 33166 TO COTAL Way Suite 635, Miami F1 31 ITILE NAME STREET ADDRESS 31 ITILE TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami F1 33166 STREET ADDRESS 3191 COTAL Way Suite 635 Miami, F1 32 NAME Suite 635 Miami, F1 | 1. 33145 | | |
| STREET ADDRESS 3900 N.W. 79 Ave. Suite 567 Miami F1 33166 TO DELETE 31 MILE NAME STREET ADDRESS SUITE 635 Miami, F1 33166 | 1. 33145 C | X Change | Addition |
| STREET ADDRESS 3900 N.W. 79 Ave. Suite 567 Miami F1 33166 TORRES, ANTONIO STREET ADDRESS 24 CITY-ST-ZIP TID TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami, F1. 33166 TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami, F1. 33166 TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami, F1. 33166 TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami, F1. 33166 TORRES, ANTONIO 3191 Cotal Way | 1. 33145 1. 33145 45178 | X Change | |
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| STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TID TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami F1 33166 TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami, F1. 33166 TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami, F1. 33166 TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami, F1. 33166 TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami, F1. 33166 TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami, F1. 33166 TORRES, ANTONIO 3191 Cotal Way Suite 635, Miami F1 32 NAME 3191 Cotal Way Suite 635 Miami, F1 ALTITLE ANAME 42 NAME 42 NAME 43 STREET ADDRESS ******1 | 1. 33145 1. 33145 45178 | XChange | Addition |
| STREET ADDRESS ANTONIO STREET ADDRESS CITY-ST-ZIP TID TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami; F1. 33166 TORRES, ANTONIO 3900 N.W. 79 Ave. Suite 567 Miami; F1. 33166 TORRES, ANTONIO 3000 N.W. 79 Ave. Suite 567 Miami; F1. 33166 TORRES, ANTONIO 32 NAME 3191 Coral Way Suite 635 Miami, F1 and F1 an | 1. 33145 1. 33145 45178 70201009 50.00 **** | Change ———————————————————————————————————— | Addition Addition |
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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.

| SIG | NA | IT4 | IR | F |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ORRES

ne 4/30/12

Daytime Phone #