## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra El. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

1. Corporation	MENT # P9200 INTIC TRUCK BROKERAGE	00013324 (8) Of MIAMI, INC.	)		ı		
						i i i i i i i i i i i i i i i i i i i	
Principal Place	e of Business	Mailing Address				//// <b>88</b> /// <b>89/8</b> / 4/ <b>88/</b> ///	
- 9544 MIRA - MIRAMAR (	Mar Parkway Fl -33025	- 8544 MIRAMAR PARKWAY - MIRAMAR FL 23025					
-					<ol> <li>Date Incorporated or Qualified 12/17/1992</li> </ol>	3a. Date of Last 05/31/	
21 3950		2a. Mailing Address 39	505W 130	rve	-4, FEI Number 65-0375626	-	Applied For Not Applicable
Súite, Ant.	#, etc.	Suite, Apt. #, etc.	_		5. Certificate of Status Desired	1 1	75 Additional se Required
Orty & State  23 MiRA	MAR FLA.	City & State  28 MIRAMAR	MEFL		Election Campaign Financing     Trust Fund Contribution	□ \$5.	.00 May Be
Žφ 24 <i>33021-</i>	Country 2834 25 Browner	Zip 29 33027	Country 30 Blow	ARB	This corporation has liability for Florida Statutes	intangible tax under	s 199.032,
	9. Name and Address of Currer	nt Registered Agent		-	10. Name and Address of New F		
			81 Name		SAME AS BE	Laco	
- 8544 N Miram	N, ADRIAN <del>AIRAMAR PARKWAY</del> 3950 S IAR F <del>L 33025</del>		83 84 City	190 M	P.O. Box Number is Not Acceptate  School 1304	E1  85	Zin Code
11. Pursuant to or registere familiar with SIGNATURE	to the provisions of Sections 607.0502 ed agent, or both, in the State of Florinth, and accept the obligations of, Sect ADC/AN Robots  Sgnature, sped or privided name of registered agent	(Willian	the above-named c by the constration's Registered Agent sgnature	_ الد	- \/	rpose of changing it ointment as register	s registered office and agent. I am
12.	OFFICERS AN	D'DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		TORS IN 12
THILF	PVP	<b>©</b> DELETE	1. 1 TITLE			Change	
NAME STREET ADDRESS	RODON, ADRIAN —8544 MIRAMAR PKWY- 349.	- 20 120th Am	1.2 NAME	_	- \ - 1		
CITY-ST-ZIP	MIRAMAR FL 330	100 - 00211	1.3 STREET ADDRESS	39.	50 5W 130 AT	3203	<b>-</b>
TOTLE	ST ST	297 - 2834 DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	111	KAM My PL	0000	<u> </u>
NAME	RODON, MIGDALIA	<del>-</del>	2 2 NAME	5		criatige	E Addition
STREET ADDRESS	8544 MIRAMAR PKWY 345	05.20. 130th AUE	2.3 STREET ADDRESS	30	50 SW) 120 A	115	
CiTY-ST-ZIP	MIRAMAR FL 33026 336	21-2834	2.4 CITY - ST - ZIP	m	FOSW 130 AN	3302	7
TITLE		DELETE	3. 1 TITLE	7.7.7		Change	Addition
NAME			3.2 NAME				_
STREET ADDRESS			3.3. STREET ADDRESS				
CITY-ST-ZIP TITLE		Deter	3.4 CITY - ST - ZIP				
NAME		☐ DELETE	4. 1 TITLE			☐ Change	Addition
STREET ADDRESS		;	4.2 NAME				
CITY-S1-ZIP			4.3 STREET ADDRESS				
TITLE		DELETE	4.4 CITY-ST-ZIP 5 1 TITLE	l			- Addition
NAME			5 2 NAME			☐ Change	Addition
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5 4 CITY-ST-ZIP				
TITLE		☐ DELETE	6. 1 TITLE			[] Change	Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CHTY-ST-ZIP			64 CiTY-ST-7iP				
14. I do hereby certify that t oath; that I	certify that the information supplied with the Information indicated on this annulus am an officer or director of the corpor Block 12 or Block 13 if changed, or or	ation or the receiver or trustee err	d and does not qual eport is true and according	lify for the curate ar e this rep	e exemption stated in Section 119.0 of that my signature shall have the s out as required by Chapter 607, Flo	17(3)(k), Florida Statu same legal effect as rida Statutes; and th	ites. I further if made under nat my name

4/16/96 (305) 330,0750