

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

REINSTATEMENT
 CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 REINSTATEMENT
 FILED

1996 DEC 23 AM 11: 33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 930000110433

1. Corporation Name

INTERCROSS IMPORT & EXPORT INC

Principal Place of Business Mailing Address

4726 SW 72ND AVENUE
 MIAMI FL 33155

3. Date Incorporated or Qualified 02/93
 3a. Date of Last Report 05/95

2. Principal Place of Business
 21 4726 SW 72ND AVENUE

2a. Mailing Address
 26 SAME

4. FEI Number 65-0392117
 Applied For Not Applicable

Suite, Apt #, etc
 22 MIAMI FLORIDA

Suite, Apt #, etc
 27 SAME

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
 23 M 33155

City & State
 28 SAME

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip
 24 33155

Country
 25 USA

Zip
 29 SAME

Country
 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MALLEIRO, MANUEL ANSEL
 4726 SW 72ND AVENUE
 MIAMI FL 33155

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 Manuel A. Malleiro MANUEL A. MALLEIRO 12/19/96
Signature type: 1 - printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME PD
 STREET ADDRESS DENETRIO ALVAREZ
 CITY - ST - ZIP 4726 SW 72ND AVE MIAMI FL 33155

TITLE
 NAME STD
 STREET ADDRESS MANUEL A MALLEIRO
 CITY - ST - ZIP 4726 SW 72ND AVE MIAMI FL 33155

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

REINSTATEMENT

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 -12/27/96-01053-005
 ****375.00 ****375.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Manuel A. Malleiro REQUIRED 12/19/96 305-6662882
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (3/96)