

05131999-90048-043-\$150.00-\$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90048 043 ***150.00

DOCUMENT # P93000016433 (3)

1. Corporation Name

INTERCROSS IMPORT & EXPORT INC.

Principal Place of Business

Mailing Address

4726 SW 72ND AVENUE
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/93

2. Principal Place of Business

2a. Mailing Address

21 4726 SW 72ND AVENUE

26 SAME

4. FEI Number

65-0392117

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

23 MIAMI FLORIDA

28

Zip

Country

24 33155

25

USA

29

Zip

Country

24

25

USA

29

Zip

Country

24

25

USA

29

Zip

Country

9. Name and Address of Current Registered Agent

MALLEIRO, MANUEL ANGEL
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

M. A. MALLEIRO

04/28/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE RD ☐ DELETE
NAME DEMETRIO ALVAREZ
STREET ADDRESS 4726 SW 72ND AVENUE
CITY-ST-ZIP MIAMI, FL 33155

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

TITLE STD ☐ DELETE
NAME MANUEL A MALLEIRO
STREET ADDRESS 4726 SW 72ND AVENUE
CITY-ST-ZIP MIAMI, FL 33155

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

M. A. MALLEIRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-25-99

04/28/99

Date

305-666-2882

Daytime Phone #

CR2E034 (11/98)