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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000040462 (2)**

1. Corporation Name

INTERCONSULT (USA), INC.

Principal Place of Business	Mailing Address
~~10870 HAYDN DR.~~ 19369 OCEAN GRANDE CT BOCA RATON FL 33498 US	~~10870 HAYDN DR.~~ BOCA RATON FL 33498 US Same

19369 OCEAN GRANDE CT.
BOCA RATON, FL
33498

2. Principal Place of Business 21		2a. Mailing Address 26	19369 OCEAN GRANDE CT. BOCA RATON, FL 33498
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified	3a. Date of Last Report
06/08/1993	03/07/1995
FEI Number: 65-0419500	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HALASZ, ANDREW
~~10870 HAYDN DR.~~
~~BOCA RATON FL 33498~~ 19369 OCEAN GRANDE CT.
BOCA RATON, FL
33498

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] Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent must sign if registered agent is changed) DATE: Apr. 18/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HALASZ, ANDREW ~~10870 HAYDN DR.~~ ~~BOCA RATON FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 19360 OCEAN GRANDE CT BOCA RATON, 33498
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HALASZ, ANDREW ~~10870 HAYDN DR.~~ ~~BOCA RATON FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition " Same "
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HALASZ, ANDREW ~~10870 HAYDN DR.~~ ~~BOCA RATON FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition " Same "
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 18/96 DATE

407-479-1491 Daytime Phone #