## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085646 (6) INTEL-TEC. CORPORATION Principal Place of Business Mailing Address 1398 DUNHILL DR 1398 DUNNHILL DRIVE LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1993 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3213925 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zin 8. This corporation owes or has paid the current year Intargable 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARIS, FERNANDO 2034 E. OAKLAND PARK BLVD. Street Address (P.O. Box Number is Not Acceptable) 9351 CHANDON DRIVE 83 ORLANDO FL 32825 84 City 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. (NOTE Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1 1 TITLE Change Addition CABRALES, MYRON NAME 12 NAME 1398 DUNHILL DRIVE STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32750 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME CABRALES, LILLYAM 2.2 NAME 1398 DUNHILL DRIVE STREET ADDRESS 23 STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CABRALES, MYRON NAME 3.2 NAME 1398 DUNHILL DRIVE STREET ADDRESS 3.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplie for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or suppliern officer or director of the corporation or the Block 12 or Block 13 if changed, or on an and that my signature shall have the same legal effect as if made under oath; that I am an te this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

FILED

Feb 25 1998 8:00am

Secretary of State