FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002705 (9)

1. Corporation Name
INTRON CORPORATION

Principal Place of Business
6210 NW 173 ST
SUITE 803
MIAMI FL 33105

Mailing Address
6210 NW 173 ST
SUITE 803
MIAMI FL 33105

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 700 S. ROYAL POINCIANA BLVD	2a. Mailing Address 26 700 S. ROYAL POINCIANA BLVD
Suite, Apt. #, etc. 22 502	Suite, Apt. #, etc. 27 502
City & State 23 MIAMI SPRINGS	City & State 28 MIAMI SPRINGS
Zip 24 FL 33166 / Country 25	Zip 29 FL 33166 / Country 30

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report:
4. FEI Number: 65-0466184 ☐ 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

MERCER, PAUL G
700 S ROYAL POINCIANA BLVD
SUITE 502
MIAMI SPRINGS FL 33166

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] DATE 02/23/95

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHAUL, ODED
STREET ADDRESS	6210 NW 173 ST #803
CITY-ST-ZIP	MIAMI FL 33105
TITLE	D
NAME	SHAUL, SHAUL
STREET ADDRESS	13951 SW 66 ST APT 802 A
CITY-ST-ZIP	MIAMI FL 33183
TITLE	D
NAME	MERCER, PAUL G
STREET ADDRESS	700 S ROYAL POINCIANA BLVD SUITE 502
CITY-ST-ZIP	MIAMI SPRINGS FL 33166
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

1.1 TITLE	D.	☒ Change ☐ Addition
1.2 NAME	SHAUL ODED	
1.3 STREET ADDRESS	2515 WOOD VALLEY RD.	
1.4 CITY-ST-ZIP	WINSTON SALEM NC 27106	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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] SHAUL SHAUL 2-23-95 305 594 5844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066276