

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000002705 (9)

1. Corporation Name

INTRON CORPORATION



Principal Place of Business

700 S. ROYAL POINCIANA BLVD
#502
MIAMI SPRINGS FL 33166
US

Mailing Address

700 S. ROYAL POINCIANA BLVD
#502
MIAMI SPRINGS FL 33166
US

2. Principal Place of Business

2a. Mailing Address

21

Street, Apt. #, etc.

26

Street, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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 607.1508, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this statement on behalf of the corporation

Signature of the person authorized to sign this statement on behalf of the corporation

Date

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	SHAUL, ODED	
STREET ADDRESS	2515 WOOD VALLEY RD.	
CITY-STATE-ZIP	WINSTON SALEM NC	
TITLE	D	[] DELETE
NAME	SHAUL, SHAUL	
STREET ADDRESS	13951 SW 66 ST APT 802 A	
CITY-STATE-ZIP	MIAMI FL 33183	
TITLE	D	[] DELETE
NAME	MERCER, PAUL G	
STREET ADDRESS	700 S ROYAL POINCIANA BLVD SUITE 502	
CITY-STATE-ZIP	MIAMI SPRINGS FL 33166	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

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CR2E034 (12/95)