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 # P94000043096 (4)

INTERMAR INTERNATIONAL INC.

FILED Apr 09 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		{	IS BORRE BLOOK FIRST BRING TOTAL BUIL 1891
9300 N.W. 58TH ST	9300 N.W. 58TH ST.			
SUITE N 210	SUITE N 210		DO NOT WRITE	N THIC COACE
Miami Fl 33178 US	MIAMI FL 33178 US		3. Date Incorporated or Qualified	N THIS SPACE
•	00		06/06/1994	
2. Principal Place of Business	2e. Mailing Address		4. FEI Number	Applied For
21 9300 N.W. 58TH ST.	26 9300 N.W. 5	BTH ST.	65-0498801	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	X \$8.75 Additional
22 205	27 SUITE 205		Continuate of Status Desired	Fee Required
City & State 23 MTANT FI	City & State		6. Election Campaign Financing	\$5.00 May Be
29 MIAMI, FL. Zip Country	28 MIAMI, FL.	Country	Trust Fund Contribution	Added to Fees
24 33178-1614 25 USA	29 33178-1614 30	¬ ´	8. This corporation owes or has paid Personal Property Tax due June 3	· ·
9. Name and Address of Current		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. Name and Address of New Reg	A
CAMACHO, LUIS A		81 Name		
7899 NE BAYSHORE CT		82 Street Addr	ess (P.O. Box Number is Not Acceptable	s)
ATP. N 6E				
MIAMI FL 33138		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607 0502	and 607 1508. Florida Statutos	the showe-named corn	oration cultimits this statement for the ne	FL es zip coos
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat 	of Florida. Such change was aut	horized by the corporati	ion's board of directors. I hereby accept	the appointment as registered
1		and Lyes	ah .	
Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	enistered Agent signature require	ed when reinstating)	PRIL 2, 1998
12. OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE P	☐ DELETE	1,1 TITLE		Change Addition
CARRASQUILLO, ANGEL	ADT OF	1.2 NAME		
STREET ADDRESS 7899 NE BAY SHORE DRIVE /	API. DE	1.3 STREET ADDRESS		
TITLE V	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME CAMACHO, LUIS A	D beech	2.2 NAME		. Change D voordon
STREET ADDRESS 7899 NE BAY SHORE DRIVE	APT. 6E	2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33138		2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		i
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY+ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		1
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP		Character Character
NAME	Otten	5.1 TITLE 5.2 NAME		L. Change L. Addition
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	☐ DELETÉ	19.1 III4E I		
	□ DELETE	62 NAME		
STREET ADDRESS	□ DELETE			<u></u>

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 control on 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 phanged or on a machinent with an address.

GNATURE:

(305) 716-0111