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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400043096

1. Corporation Name

INTERMA	AH INTEHNATIONAL INC.						
Principal Place	e of Business	Mailing Address			1 100 1100 t tin 10 til	# 11211 ##11# F	#11# #111 1##1
9300 N.W. 58TH ST. 9300 N.W. 58TH ST.							
SUITE 205 SUITE 204					DO NOT WRITE IN THIS SE	PACE	
MIAMI FL 33178-1614 MIAMI FL 33178-1614					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
US					06/06/1994		
a Dringing D	loce of Rusinger	2a. Mailing Address			4. FEI Number	Apr	plied For
					65-0498801		t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additiona		dditional
22					5. Certificate of Status Desired	Fee Re	quired
City & State City & State				-	6. Election Campaign Financing	~\$5:00~	Máy B e →
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intan		
24 .	25	29 30	0		Telsonal Froporty Tux.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Ag	ent	
	ACHO SING A		81	Name			
` CAMACHO, LUIS A 7899 NE BAYSHORE CT			82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
	N 6E		83				
	N 6E MI FL 33138		83				
IVIDAN	MI FL 33136	•	84	City	FL	85 Zip C	Code
				<u> </u>	orporation submits this statement for the purpose of ch	onging its	registered
agent. I a	egistered agent, or both, in the State of the obligation of the control of the co	tions of, Section 607.0505, Florid	a Statutes	· 	uired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P	☐ DELETE	1.1 TITLE		. [Change	☐ Addition
NAME	CARRASQUILLO, ANGEL 12		1.2 NAME				
STREET ADDRESS	7899 NE BAY SHORE DRIVE A	PT. 6E	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138		1.4 CITY-S	T-ZIP			
TITLE	V	☐ DELETE	2.1 TITLE		1	Change	☐ Addition
NAME	CAMACITO, ECIO A		2.2 NAME		•		
STREET ADDRESS	ss 7899 NE BAY SHORE DRIVE APT. 6E		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	1115 1111 1 2 00 100 1		2. 4 CITY-	ST-ZIP -	ي مسينهم وي رياسه پيهو ارس	70	Addition
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NAME	(3.2 NAME				
STREET ADDRESS	1			TADDRESS			}
CITY-ST-ZIP			3.4, CITY-5	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE		'		
NAME			4. 2 NAME				İ
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE			T chande	
NAME			5.2 NAME	TADORESS			j
STREET ADDRESS	•			- 1			[
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	11-ZIP		☐ Change	Addition
į TITLE 1	ļ	☐ DELETE		ļ			
NAME	t		6.2 NAME				ı

14. 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 appliemental 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ANGEL CARRASQUILLO G OFFICER OR DIRECTOR

APR 6,1999

305-716-0111

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90017 015 ***158.75

Daytime Phone #