FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

PROFIT CORPORATION ANNUAL REPORT



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

1997

97 APR 18 AM 11: 57 DOCUMENT #
1. Corporation Name P94000049948 (0) SECRETARY OF STATE INTERMED ACTION, INC. Principal Place of Business Mailing Address 7830 NW 96 ST., #23-426 7930 NW 36 ST., #23-426 MIAMI FL 33166 MIAM! FL 33166 3a. Date of Last Report 3. Date Incorporated or Qualified 06/27/1994 **05/01/199** 6 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0503095 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be n 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Zip Country Zφ Country ☐ Yes ☐ No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HERNANDEZ, CRUZ E Street Address (P.O. Box Number is Not Acceptable) 7930 NW 36 ST., #23-426 33 MIAMI FL 33166 88 Zip Code 4 City 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, typed or printed name of registered agent and title if applicable **EVOTE: Registered Agent signature required when reinstating)** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1. 1 TITLE TITLE HERNANDEZ, CRUZ H 1.2 NAME NAME 7930 NW 36 ST., #23-426 1.3 STREET ADDRESS STREET ADORESS MIAMI FL 33166 1.4 CITY-ST-2# CITY-ST-2IF Change Addition DELETE 2. 1 TITLE TITLE NAME 2.2 NAME 400002151594---1 -04/23/97--01047--006 *****165,00 -*****165,00 STREET ADDRESS 2.3 STREET ADDRESS 24 CITY-ST-ZIP CATY - ST - ZIP DELETE 3. 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIE 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5. 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADORESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 6 1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **63 STREET ADDRESS**

64 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 logal effect as if made under cath; that I am an officer or direct of the corporation of 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 changed or on a statement with an address.

INTED NAME OF BIGNING OFFICER OR DIRECTOR

CRUZ E. HERNANDEZ, PRESIDENT 04 /10/97

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