## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

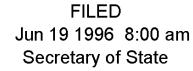
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT** #

P94000050812 (4)

INTELLISOL, INC.



460A00!		<b>ulia:</b>	

Principal Prace of Business Mailing Address			7 12011201 1/2 12111 81811 28111 98111 91	**** ***** ***	98187 1811	P) 10918 01 <b>2</b> [ 18 <b>9</b> ]		
145 W. SUNR CORAL GABL		145 W. SUNRISE AVE CORAL GABLES FL 3						
					3. Date Incorporated or Qualified	1	3a. Date of Last Report	
					07/11/1994	07	7/06/19	
<u> </u>	ace of Business	2a. Mailing Address			4, FEI Number		ļ <sup>1</sup>	Applied For
21		Cuite Ant # sts			65-0498760		<b>60</b> 7	Not Applicable
Suite, Apt #	F, ELC.	Suite Apt. #, etc.			<ol><li>Certificate of Status Desired</li></ol>	X	•	5 Additional Required
City & State		City & State			6. Election Campaign Financing			00 May Be
23		28			Trust Fund Contribution	L.J		ed to Fees
Ζιρ	Country	Zip	Country	'	8. This corporation has liability for i			rs 199.032,
24	25	29	30		Florida Statules	Yes 🔀		
	9. Name and Address of Cu	rrent Registered Agent	81	Name	10. Name and Address of New Re	gistered a	Agent	
ME	NENDEZ, NORBERTO JR.		81	warne				
145	5 W. SUNRISE AVE.		82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
CO	RAL GABLES FL 33133		83					
			84	City		FL	85 Z	?ip Code
44 Pursuant t	o the provisions of Sections 607	05.02 and £0.7 1508. Florida Sta	tutes the above	l	poration submits this statement for the po		changing	its registered
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECT	ORS IN 12
1117E	PS	DELETE	1 1 THTLE				Chan	ge 🔝 Additio
NAME	MENENDEZ, NORBERTO	JR.	12 NAME					
STREET ADDRESS	145 W. SUNRISE AVE.		13STREET	ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY - S	ST - ZIF				
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NAME			2.2 NAME	ADDRESS				
STREET ADDRESS			23\$TREE!					
CITY - ST - ZIF TITLE		T DELETE	2 4 CITY - 3 1 TIFLE	21 - ZIF.			Chan	ge Additio
NAME			3.2 NAME					
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NAME			4-2 NAME	İ				
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NAME			5.2 NAME					
STREET ADDRESS				ADDRESS				
CITY - ST - ZIP TITLE		DELETE	5 4 CITY - S 6 1 TITLE	ST ZIF	Later to the same of the same		Chan	ge   Additio
NAME		L. Dettile	6 2 NAME				Viiiii	a
STREET ADDRESS				1 ADORESS				•
	•		6 4 CITY -					
CITY-ST-ZIP	by certify that the information sur-	onled with this filma is voluntarily			alify for the exemption stated in Section	119 07(3)(	k) Florid	a Statutes 1

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NORBERTO MENEN DEZ JR. 6/1/96