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.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 16 PM 3:53

DOCUMENT # **P94000056387 (1)**

1. Corporation Name
INTEL-KARGO, INC.

Principal Place of Business	Mailing Address
7105 NW 50TH ST MIAMI FL	7105 NW 50TH ST MIAMI FL

3. Date Incorporated or Qualified: **07/29/1994**
3a. Date of Last Report: **07/25/1995**

2. Principal Place of Business
21: 8025 NW 36TH STREET
Suite, Apt. #, etc. 22: 322A
City & State 23: MIAMI, FL
Zip 24: 33166 Country 25:

2a. Mailing Address
26: 8025 NW 36TH STREET
Suite, Apt. #, etc. 27: 322A
City & State 28: MIAMI, FL
Zip 29: 33166 Country 30:

4. FEI Number: **56-0507683** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OLAEIREGUI, JOSEFINA
6335 NW 201 LANE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name: JOSEFINA OLEIREGUI
82 Street Address (P.O. Box Number is Not Acceptable)
83: 19338 NW 91 Ct.
84 City: MIAMI FL 85 Zip Code: 33015

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 _____ DATE
Signature of an officer or director of corporation (if applicable) (NOTE: Registered Agent Signature required if agent is changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARRA, SIMON 7105 N.W. 50TH ST. MIAMI FL 33166	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P MARIO I RENTERIA 5583 NW 72 AVE MIAMI FL. 33166	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ESCOBAR, GISELA 7105 N.W. 50TH ST. MIAMI FL 33166	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OLACIREGUI, JOSEFINA 7105 N.W. 50TH ST. MIAMI FL 33166	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V OLACIREGUI, JOSEFINA 8025 NW 36 ST., SUITE 322A MIAMI, FL 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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****375.00 ****375.00

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0059610 CP