

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

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Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000061852 (7)

1. Corporation Name
INTRACO, USA INC.



Principal Place of Business:
1880 NE 163RD ST.
SUITE 102
NORTH MIAMI BEACH FL 33162

Mailing Address:
1880 NE 163RD ST.
SUITE 102
NORTH MIAMI BEACH FL 33162-4867

3. Date Incorporated or Qualified 08/22/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0553147	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 16200 N.E. 13 Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 16200 N.E. 13 Ave. Suite, Apt. #, etc.
22 City & State 23 North Miami Beach, Florida	27 City & State 28 North Miami Beach, Florida
24 33162 25 Dade	29 33162 30 Dade

9. Name and Address of Current Registered Agent

NG, GINA
1880 NE 163RD ST.
SUITE 102
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
1421 North Venetian Way
B3
B4 City Miami FL B5 Zip Code 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	NG, GINA	
STREET ADDRESS	1880 NE 163RD ST., SUITE 102	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NG, KEIRON	
STREET ADDRESS	1880 NE 163RD ST., SUITE 102	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	NG, KEITH	
STREET ADDRESS	1880 NE 163RD ST., SUITE 102	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	NG, KENNETH	
STREET ADDRESS	1880 NE 163RD ST., SUITE 102	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1421 North Venetian Way
1.4 CITY-ST-ZIP	Miami, Florida 33134
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	16200 N.E. 13 Ave.
2.4 CITY-ST-ZIP	North Miami Beach, Florida 33162
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	16200 N.E. 13 Ave.
3.4 CITY-ST-ZIP	North Miami Beach, Florida 33162
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	16200 N.E. 13 Ave.
4.4 CITY-ST-ZIP	North Miami Beach, Florida 33162
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 included 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* 1/13/96 305-949-0556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)