

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 JUN 14 AM 8:05

**DOCUMENT # P94000062280 (0)**

1. Corporation Name

**INTERCOM - MOBILI, INC.**

Principal Place of Business

9400 SW 120 AVE  
MIAMI FL 33186

Mailing Address

9400 SW 120 AVE  
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1994

3a. Date of Last Report

4. FEI Number

65-0523243

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Finance and Trust Fund Contributions

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 12020 SW 132nd Ct.

2a. Mailing Address

26 12020 SW 132nd Ct.

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

Country

24 33186

25

Zip

Country

29 33186

30

9. Name and Address of Current Registered Agent

TASSANELLI, GIORGIO  
9400 SW 120 AVE  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

Brunetta Marco

82 Street Address (P.O. Box Number is Not Acceptable)

10427 N. Kendall Dr.

83

Nob Hill-West Apt M-403

84 City

Miami

FL

85 Zip Code

33176

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

NOTE: Registered Agent signature required when registering

DATE

06/05/95

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

D  
TASSANELLI, GIORGIO  
9400 SW 120 AVE  
MIAMI FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

V-P  
BRUNETTA BRUNO  
10427 N. Kendall Dr. # M-403  
Miami, FL 33176

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. OFFICERS AND DIRECTORS

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: Giorgio Tassanelli

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OR NEW REGISTERED AGENT

06/05/95

(305) 251-9801

CR2E034 (3/95)