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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000004716 (3)

INTERMEDIATE HOLDINGS, INC.

Principal Place of	Business
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Mailing Address

C/O MENDOZA. CALLAS & SCHILLING

C/O MENDOZA. CALLAS & SCHILLING

## **FILED** Mar 05 1998 8:00am Secretary of State



251 ROYAL PALM WAY SUITE 602 PALM BEACH FL 33460			251 ROYAL PALM WAY SUITE 602 PALM BEACH FL 33480					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
FALM BEACH FE 33400		THE DEMOTE LEGISTON									
									01/19/1995		
2. Principal Pla	ace of Busine	SS	2a.	Mailing Address					4. FEI Number	At	oplied For
21		26						65-0629603	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	Additional equired	
22			City & State						6 Flastice Communica Financias	<del></del>	<del></del>
City & State			<b>⊢</b> '						6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added	
<b>23</b> Zip		Country	28	Zip	TC	ountry	,				
24	2	¬ '	29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No				
24		nd Address of Current		ered Agent	130	···T	•		10. Name and Address of New Registers		
D4 Marca											
MENDOZA, MARIO G III					-	<del></del>		(D.O. D. M. Harris Mad Assessable)			
MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, SUITE 602				82 Street Ad			et Addres	ldress (P.O. Box Number is Not Acceptable)			
						83					
PAL	.M BEACH F	L 33400									<u></u> .
						84	City		F	L 85 Zip	Code
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											
Old Will Size	Signature, typod or	printed name of registered agent					ent signatu	ure required	when reinstating) DATE		
12.		OFFICERS AND	DIREC		1			1	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD			☐ DELETE		TITLE		1		L. Change	L Addition
NAME		DT, JEAN JACQUES				NAME					
STREET ADDRESS		AL PALM WAY			1.3	STREET	ADDRESS	S			
CITY - ST - ZIP		ACH FL 33480			_	CITY-S	iT-ZIP	$\bot$		7 05	I A HOUSE
TITLE	VD			☐ DELETE		TITLE				L Change	Addition
NAME		DT, JEAN				NAME					
STREET ADDRESS		AL PALM WAY SUITE	602		2.3	STREET	ADDRESS	S			
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TITLE	STD			☐ DELETE		TITLE				☐ Change	☐ Addition
NAME		er, Pierre			3.2	NAME					
STREET ADDRESS		al palm way suite	602		3.3	STREET	ADDRESS	S			
CITY - ST - ZIP	PALM BE	ACH FL 33480			_	CITY-	ST-ZIP	-		Chassa	- Addition
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NAME						2 NAME					
STREET ADDRESS							ADDRESS	S			
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NAME						NAME					
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NAME						NAME					
STREET ADDRESS							ADDRESS	s			
CITY-ST-ZIP	outifully in a st.	information a multiple of	h this #	ling does not explica-	for the	CITY-S	ST-ZIP	atod in S	ection 119 07/3)(i) Florida Statutae I further	certify that the	information
14. Thereby 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 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 appearance of the corporation of the corp											