## FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

AMOR, ALEX

5555 W. FLAGLER ST.

**CORAL GABLES FL 33126** 

Suite, Apt. #, etc.

City & State

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000010492 (3)

INTELLIGENT MULTIMEDIA, INC.

Principal Place of Business	Mailing Address
5555 W. FLAGLER ST. CORAL GABLES FL 33126	5555 W. FLAGLER ST. CORAL GABLES FL 33134-1065

g. Name and Address of Current Registered Agent

Country

25

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

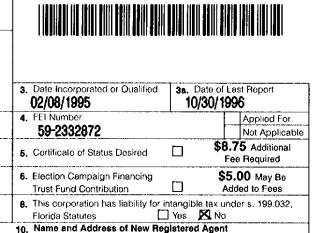
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## FILED May 13 1997 8:00am Secretary of State



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.

Country

81

82

83

Name

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

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rog stered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 THLE NAME AMOR, ALEX 1.2 NAME 5555 W. FLAGLER ST. STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33126** CITY-ST-ZIP 1.4 City-St-ZiP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-7IP DELE 1E TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 64 CHY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not equally 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 eath; that I am an officer or director of the corporation of the receiver or trusted 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 in an attachmy of the receiver of trusted empowers.