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FILED
Jul 01 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 # P95000010672 (0)

1. Corporation Name
INTERCORPSA, INC.

Principal Place of Business

% HOLTZMAN, KRINZMAN, ETAL. (L.J. SIGARS)
2801 S. BAYSHORE DR., STE. 600
MIAMI FL 33133

Mailing Address

% HOLTZMAN, KRINZMAN, ETAL. (L.J. SIGARS)
2801 S. BAYSHORE DR., STE. 600
MIAMI FL 33133-5419

3. Date incorporated or Qualified
02/08/1995

3a. Date of Last Report
08/01/1996

2. Principal Place of Business

21 c/o William J. Brown P.A.

Suite, Apt. #, etc.
22 777 Brickell Ave. #1114

City & State
23 Miami, FL 33131

Zip Country
24 33131 Dade

2a. Mailing Address

26 c/o William J. Brown P.A.

Suite, Apt. #, etc.
27 777 Brickell Ave., #1114

City & State
28 Miami, FL 33131

Zip Country
29 33131 Dade

4. FEI Number

APPLIED FOR

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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

William J. Brown, Esq.

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

777 Brickell Avenue Suite 1114

83

84 City

Miami

FL

85 Zip Code
33131

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

William J. Brown, Esq.

June 10, 1997

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
DE MARTINO, RAFAEL
% 2801 S. BAYSHORE DR., STE. 600
MIAMI FL 33133

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

777 Brickell Avenue, Suite 1114

1.4 CITY-ST-ZIP

Miami, Florida 33131

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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 an address.

by Power of Attorney

CR2E034 (9/96)