FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000022359 (0)**

1. Corporation Name

INTELLIMART, INC.

Principal Place of Business	Mailing Address
8349 NW 54TH ST MIAMI FL 33166	8349 NW 54TH ST MIAMI FL 33166

3. Date Incorporated or Qualified: **03/17/1995**
3a. Date of Last Report:
4. FEI Number: **65-0571769** ☐ 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

2. Principal Place of Business
21
22 State, Apt. #, etc.
23 City, & State
24 Zip
25 Country

2a. Mailing Address
26
27 State, Apt. #, etc.
28 City, & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

MOREIRA, ROSANA
8349 NW 54TH ST
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOREIRA, ROSANA 4800 NW 102ND AVE APT 104 MIAMI FL 33178 ☐ DELETE	1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOREIRA, ROSANA 2932 NW 99 PL. MIAMI, FL 33172 ☒ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERREIRA, ELISABETH 6195 W 18TH AVE APT G-105 HIALEAH FL 33012 ☒ DELETE DELETE	2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIA, SERGIO D 6295 SW 35TH ST MIAMI FL 33155 ☐ DELETE	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is accurate, was furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: Rosana C. Moreira ROSANA C. MOREIRA 02-26-96 305-591-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number