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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000022359 (0)

INTELLIMART, INC.

**FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				- 1 OF 15061 BLO JOINT OUR CONTROL OF STREET	filling sinded foldt dekle löll todd
8349 NW 54TH ST MIAMI FL 33166		8349 NW 54TH ST			
	100	MIAMI FL 33166		DO NOT WRITE IN TH	IS SPACE
				3. Date incorporated or Qualified	
				03/17/1995	
<b>-</b>	face of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		65-0571769	Not Applicable
22		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	⊢	, ,	Personal Property Tax due June 30.	Yes No
				10. Name and Address of New Registers	
MOREIRA, ROSANA 81					
8349 NW 54TH ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MAMI FL 33166			Oli del 7 del	( .c. box rearries)	
			83		
			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
			- "	F	Llii
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 registere		Registered Agent signature requir		
12.	D	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME	MOREIRA, ROSANA	_ otter	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	2932 NW 99 PLACE		1.2 NAME		
CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS		
TITLE	0	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	Dania, sergio d		2.2 NAME		Circulation Circulation
STREET ADDRESS	6295 SW 35TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP		]
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 YITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C/TY-ST-ZMP			6.4 CITY-ST-ZIP		

14. I 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 it 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

04-23-98

305.591-3434