

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

FILED
Jul 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000025849 (7)**

1. Corporation Name

INTERCOMEX USA, CORP.

Principal Place of Business

**15225 SW 81ST TER
MIAMI FL 33193**

Mailing Address

**15225 SW 81ST TER
MIAMI FL 33193**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 15619 S.W. 112TH DRIVE	26 15619 S.W. 112TH DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 MIAMI, FL	27 MIAMI, FL
City & State	City & State
23 MIAMI, FL	28 MIAMI, FL
Zip	Zip
24 33196	29 33196
Country	Country
25 U.S.A.	30 U.S.A.

3. Date Incorporated or Qualified	
03/28/1995	
4. FEI Number 65-0848509	Applied For
APPLIED FOR	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**JARAMILLO, PATRICIO
15225 SW 81ST TER
MIAMI FL 33193**

81 Name	PATRICIO JARAMILLO
82 Street Address (P.O. Box Number is Not Acceptable)	15619 S.W. 112TH DRIVE
83	
84 City	MIAMI, FL
85 Zip Code	33196

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 registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSD
NAME	JARAMILLO, PATRICIO	1.2 NAME	PATRICIO JARAMILLO
STREET ADDRESS	15225 SW 81ST TER	1.3 STREET ADDRESS	15619 S.W. 112TH DRIVE
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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

Patricio Jaramillo

04/29/98

(305) 385-8648

CP2034 (10/97)