

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000054432 (6)

1. Corporation Name

INTERGLOBAL MANAGEMENT CORP.

Principal Place of Business

Mailing Address

C/O KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST 28TH FLOOR
MIAMI FL 33131

C/O KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST 28TH FLOOR
MIAMI FL 33131



2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST
28TH FLOOR
MIAMI FL 33131

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	

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 of Officer or Director

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-STATE-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-STATE-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-STATE-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-STATE-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	NAME
2. NAME	STREET ADDRESS
3. CITY-STATE-ZIP	
4. TITLE	NAME
5. NAME	STREET ADDRESS
6. CITY-STATE-ZIP	
7. TITLE	NAME
8. NAME	STREET ADDRESS
9. CITY-STATE-ZIP	
10. TITLE	NAME
11. NAME	STREET ADDRESS
12. CITY-STATE-ZIP	
13. TITLE	NAME
14. NAME	STREET ADDRESS
15. CITY-STATE-ZIP	
16. TITLE	NAME
17. NAME	STREET ADDRESS
18. CITY-STATE-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1/96

305-J-39-1205

Date

Daytime Phone #

CR2E034 (12/95)