

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90206 019 ***150.00

DOCUMENT # P95000062338

1. Corporation Name
INTERMARKET INTERNATIONAL TRADE, INC.

Principal Place of Business
% ROTH & MILNE
9350 SOUTH DIXIE HIGHWAY PH2
MIAMI FL 33156

Mailing Address
% ROTH & MILNE
9350 SOUTH DIXIE HIGHWAY PH2
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number
65-0605151

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 ROTH, ROUSSE & BENJAMIN PA.
Suite, Apt. #, etc.

2a. Mailing Address

26 ROTH, ROUSSE & BENJAMIN PA.
Suite, Apt. #, etc.

22 PH2 9350 S. Dixie Hwy.
City & State

27 9350 S. Dixie Hwy, PH2
City & State

23 Miami FL
Zip Country

28 Miami, FL
Zip Country

24 33156 25 USA

29 33156 30 USA

9. Name and Address of Current Registered Agent

ROTH, LEONARDO A
9350 SOUTH DIXIE HIGHWAY
PENTHOUSE TWO
MIAMI FL 33156

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 607.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME STALLOCCA, LUIS A
STREET ADDRESS % DELTA ING. IND. S.A.C.I. J.V. GONZALEZ
CITY-ST-ZIP MENDOZA BUENOS AIRES ARGENTI

TITLE VTD ☐ DELETE
NAME STALLOCCA, EDGARDO L
STREET ADDRESS % DELTA ING. IND. S.A.C.I. J.V. GONZALEZ
CITY-ST-ZIP MENDOZA BUENOS AIRES ARGENTI

TITLE ☐ DELETE
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Luis Stallocca, Pres 4/29/99 (305) 670-9994

CR2E034 (11/98)

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