

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086251 (2)

1. Corporation Name

INTERTEC INNOVATION & TRADING CORP. USA

Principal Place of Business

Mailing Address

93 GLENMONT DRIVE WEST
N. FORT MYERS FL 33917

93 GLENMONT DRIVE WEST
N. FORT MYERS FL 33917



2. Principal Place of Business

21 13650 BRYNWOOD LN

2a. Mailing Address

26 13650 BRYNWOOD LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FORT MYERS, FL

City & State

28 FORT MYERS, FL

Zip

24 33912

Country

25 LEE

Zip

29 33912

Country

30 LEE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

4. FEI Number

65-0619819

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

10. Name and Address of New Registered Agent

SANDRO, MICHAEL

93 GLENMONT DRIVE WEST
N. FORT MYERS FL 33917

81 Name

HEIDE BLAIR

82 Street Address (P.O. Box Number is Not Acceptable)

13650 BRYNWOOD LN

83

84 City

FORT MYERS

FL

85 Zip Code

33912

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

HEIDE BLAIR

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

(NOT a Registered Agent signature required when reinstating)

3-10-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINNA, JOACHIM	
STREET ADDRESS	93 GLENMONT DRIVE WEST	
CITY - ST - ZIP	N. FORT MYERS FL 33917	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	WIEDMANN, KLAUS	
STREET ADDRESS	93 GLENMONT DRIVE WEST	
CITY - ST - ZIP	N. FORT MYERS FL 33917	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13650 BRYNWOOD LN
1.4 CITY - ST - ZIP	FORT MYERS, FL 33912
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13650 BRYNWOOD LN
2.4 CITY - ST - ZIP	FORT MYERS, FL 33912
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.07(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:

Heide Blair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.11.96

Date

941-441-2738

Daytime Phone #

CR2E034 (12/95)