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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000093105 (1)

Z. INTRAGROUP, INC.

## **FILED** Apr 14 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address		t sentafft sie inicht biete Marte Chitt aufer	
8926 COLLINS AVENUE, SURFWOOD VILLAS ( SURFSIDE FL 33154	#11 8926 COLLINS AVENUE. SUF SURFSIDE FL 33154	RFWOOD VILLAS #11		
			3. Date Incorporated or Qualified 12/07/1995	3a. Date of Last Report 05/01/1996
2. Principal Place of Business	Ale 2a. Mailing Address	1. 1.	4 EEI Number	Applied F
8859 Dickens	ATVR 26 8857 1)	ickens Ave	NOT APPLICABLE	Not Appli
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	See Required
Surfside, FL	City State	E. FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May B Added to Fees
33154 25 USA	1 29 331 SY 3	Obunitry USA	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.0 Yes 🔲 No
9. Name and Address of 0	Current Registered Agent		10. Name and Address of New Re-	gistered Agent
THE LAW FIRM OF LAWRENCI 343 ALMERIA AVENUE CORAL GABLES FL 33134	e J spiegel Chrtd	81 Name 82 Street Addre 83	ess (P.O. Box Number is Not Acceptab	le)
,		84 City		FL 85 Zip Code
Pursuarit to the previsions of Sections of office or registered a jent or both, in the agent. I am family in the discept the SIGNATURE.	Lau	CENT 2 ZU	'Arri' O	urpose of changing its regis it the appointment as registe 3/22/97
		Registered Agent signature require	When reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE POR AND DIRECTORS IN 1
	RS AND DIRECTORS  DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change A
ILE PSTD  AME ZULIANI, LAURENT	L Deterio	1.2 NAME		
	, SURFWOOD VILLAS #11	1.3 STREET ADDRESS		
11Y-S1-20 SURFSIDE FL 33154	, SUNI TIOUD TILLAS #11	1.4 CITY-ST-ZIP		
TEF	DELETE	21 TiTLE		Change A
ME		2.2 NAME		
REET ADDRESS		2.3 STREET ADDRESS		
FY-ST ZIP		2.4 City-SI-ZIP		
ILE	DELETE	31 TITLE		☐ Change ☐ A
AMS		3.2 NAME		
TREET ADDRESS		3.3 STREET ADDRESS	•	
HY-ST-7IP		3.4. CITY - ST - ZIP		
TLF	DELETE	41 TITLE		Change A
AME		4 2 NAME		
TREET ADDRESS		4.3 STREET ADDRESS		
ITY -ST-ZIP		4.4 CITY - ST - ZIP		
TuE	OELETE	5.1 TITLE		Change A
AME		5.2 NAME		
TREET ADDRESS		5.3 STREET ADDRESS		
TY ST-ZIP		5.4 CITY - ST - ZIP		
*LF	DELETE	6.1 TITLE		Change A
AME		6.2 NAME		
ARTEL ADORESS		63 STREET ADDRESS		
CITY-ST-7P	Λ	6.4 CITY - ST - ZIP		
14. I do hereby certify that the information indicated on this annual replan an officer or director of the corporappears in Plock 12 or Block 13 if chan-	supplied with this fing does not qualify port or upplemental annual report is tru	for the exemption stated e and accurate and that	in Section 119.07(3)(i), Florida Statutes my signature shall have the same lega	s. I further certify that the I effect as if made under oat