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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000093105 (1) DOCUMENT #

7. INTRAGROUP, INC.

FILED Apr 29 1998 8:00am Secretary of State

Z. 114111F	idilooi , iiio.								
<u> </u>	40.	44.71							
Principal Place of Business			Mailing Address						
8859 DICKENS AVE SURFSIDE FL 33154			B859 DICKENS AVE SURFSIDE FL 33154						
US		US			DO NOT WRITE IN THIS SPACE				
						 Date Incorpor 12/07/199 	rated or Qualified		
2. Principal Plac	ce of Business	2a. Mailing Ad	dress			4. FEI Number			plied For
21		26				NOT APPLICABLE			t Applicable
Suite, Apt. #, etc.		 	Suite, Apt. #, etc.			5. Certificate of Status Desired		S8.75 A	
City & State			27 City & State					Fee Re	
		├ ──	28			6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees			
23 Zip	Country	Z _{(p}		Country				the current year Inte	
24	25	29	30	¬ ′			perty Tax due June 3] No
	9. Name and Address of Curre						ddress of New Reg		
THE	LAW FIRM OF LAWRENCE J	SPIEGEL CHRTD		81	Name /	سير در در در در در در	7.1	• .	
	ALMERIA AVENUE			82		CILMI	er is Not Acceptable	}	
CORAL GABLES FL 33134					Otroot Address	35 (1:0: BOX 1401110	or is two recopiaon	-,	
				83	88	(3/)	icka,	A.	
	Λ			84	City	- , <u>-</u>	2016 W.T	85 Zip (Code :
				1 1	· ZU.	aeur 1	3ce_	FL 33	Code SY.
11. Pursuantto	the provisions of Sections 607.05 intered agent, or both, in the Stat analism with end accept the oblin	02 and 607.1508, Flo	orida Statutos,	the above	named corporation	ration submits this	statement for the pu	rpose of changing it	s registered
agent. I art	and accept the obli	gations of, Section 60	7.0505, Florid	la Statutes.				A = =	og renered
SIGNATURE	27	Lau	1241	Luliani	Tresident	4-23-	78		
· //	preside, typed or printed name of registered a	eent and title if applicable ND DIRECTORS	(NOTE: R	egistered Agen	t signature required		JANICES TO OFFICE	RS AND DIRECTOR	S IN 12
TITLE	PSTD		DELETE	1.1 TITLE		ADDITIONS/CI	INITIOLS TO OTT TOL	☐ Change	Addition
NAME	ZULIANI, LAURENT	_		1.2 NAME					
STREET ADDRESS	8926 COLLINS AVENUE, SU	REWOOD VILLAS	#11	1.3 STREET A	ADDRESS				
CITY-ST-ZIP	SURFSIDE FL 33154			1.4 CITY-ST					
TITLE			DELETE	2.1 TITLE				☐ Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET A	ADDRESS				
CITY-ST-ZIP				2. 4 CITY - ST	r - 2 (P				
TITLE			DELETE	3.1 TITLE				Change	☐ Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET /	NDORESS				
CITY-ST-ZIP				3.4. CITY - ST	r- 2 IP				
TITLE			DELETE	4.1 TITLE				☐ Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP			DELETE	4.4 CITY - ST	- ZIP			Change	Addition
TITLE		Ц	DECEIE	5.1 TITLE				La Ordinge	NOULION
NAME ETDEET ADDRESS				5.2 NAME	INDECE				
STREET ADDRESS				5 3 STREET	1				
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST 6.1 TITLE	- AIT			Change	Addition
NAME		Ļ		6.2 NAME					
STREET ADDRESS	4			6.3 STREET	ADDRESS				
CITY-ST-ZIP	1			6.4 CITY-ST	[
	tife that the information dumplied	with this filips dose o	ot qualify for t			notion 110 07(3)(i)	Florida Statutos I fe	irther certify that the	information

pheneutial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the information of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an artischment with an address.

(307) 868-0283