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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000077990 (5)

1. Corporation Name

INTEGRA INTERNATIONAL, INC.

Principal Place of Business

201 ALHAMBRA CIR., STE. 711  
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIR., STE. 711  
CORAL GABLES FL 33134-5108



3. Date Incorporated or Qualified  
09/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 780 N.W. 42ND. AVE.

2a. Mailing Address

26 780 N.W. 42ND. AVE.

4. FEI Number

65-0702409

Applied For

Not Applicable

Suite, Apt., #, etc.

22 SUITE 520

Suite, Apt., #, etc.

27 SUITE 520

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

24 33126-5538

Country

25 USA

Zip

29 33126-5538

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R  
201 ALHAMBRA CIR., STE. 711  
CORAL GABLES FL 33134

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME OCAMPO, CESAR A  
STREET ADDRESS 201 ALHAMBRA CIR., STE. 711  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

780 N.W. 42ND. AVE, SUITE 520  
MIAMI, FL 33126

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

CESAR OCAMPO

4-25-1997 (305) 774-7177

Date

Daytime Phone

0182895

CR2E034 (9/96)