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

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90110 039 ***150.00

DOCUMENT # P96000077990 (5)

1. Corporation Name
INTEGRA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
5209 N.W. 74TH AVENUE SUITE 227 MIAMI, FL. 33166 U.S.A.	5209 N.W. 74TH AVENUE SUITE 227 MIAMI, FL. 33166 U.S.A.

3. Date Incorporated or Qualified: 09/19/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5209 N.W. 74TH AVENUE	26 5209 N.W. 74TH AVENUE
Suite, Apt. #, etc. 22 227	Suite, Apt. #, etc. 27 SUITE 227
City & State 23 MIAMI, FL.	City & State 28
Zip 24 33166	Country 25 U.S.A.
Zip 29	Country 30

4. FEI Number: 65-0702409 — Applied For / Not Applic.
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. 199.03 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: OCAMPO, CESAR
82 Street Address (P.O. Box Number is Not Acceptable): 5209 N.W. 74TH AVENUE, SUITE 227
83
84 City: MIAMI FL 85 Zip Code: 33166

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 registe 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ 4-26-2000
Signature required for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-6)	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	OCAMPO, CESAR A.		1.2 NAME	
STREET ADDRESS	5209 N.W. 74TH AVENUE, SUITE 227		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33166		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Add
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Add
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Add
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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; 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.

CESAR OCAMPO 4-26-2000 (305)4630544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR