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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000092937

INTECOR EXPORT COMPANY

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90031 044 \*\*\*150.00



Principal Place	of Business	Mailing Address				- F 100514001 (58-101)4 B7111 00112 00121 00110 10	/III 11610 16191	) (11(1) 1 <b>30</b> 1 1 <b>33</b> 1
8390 W. FLAGLER ST. STE. 213 MIAMI FL 33144  8390 W. FLAGLER ST. STE. 2 MIAMI FL 33144				113		DO NOT WRITE IN THIS SPACE		
and the second of the second o						3. Date Incorporated or Qualifed		
•						11/13/1996	•	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	oplied For
21		26				65-0703400		ot Applicable
Suite, Apt. :	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	I
City & State	3	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ntry	,	8. This corporation owes the current year Inta		
24	25		30			, stooms, raparty rams	Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
	4			81	Name		\	
MILA, PABLO				82 Street Address (P.O. Box Number is Not Acceptable)				
8390 W. FLAGLER ST. STE. 213								
MIAN	AI FL 33144			83				ŀ
				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								
	Signature, typed or printed name of registered agent a	<del> </del>	Registered	Agent	t signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
12.	OFFICERS AND	DELETE	1.1 TI	TI F		ADDITIONATION TO OFFICE AND	Change	Addition
TITLE	DP DARIO	El octore	1.2 N				_ ,	_
NAME	MILA, PABLO				ADDRESS			İ
STREET ADDRESS	8390 W. FLAGLER ST. STE. 213							1
CITY-ST-ZIP	MIAMI FL 33144	☐ DELETE	2.1 TI	TY-ST	-212		Change	Addition
TITLE	D01		2.2 N				_ ,	
NAME	MILA, NANCY				ADORESS			Ì
STREET ADDRESS	8390 W. FLAGLER ST. STE. 213	•				الأصيبين والمجهد الرباء البيان الأراب المعاورة	<del>-</del>	· .
CITY-ST-ZIP	MIAMI FL 33144	DELETE	2.4 U	TIF	1-219		Change	Addition
TITLE	DV		32 N				-	
NAME ,	MILA, MICHAEL R				ADDRESS			
STREET ADDRESS	8342 SW 5TH ST.			ITY-S				
CITY-ST-ZIP	MIAMI FL 33144	☐ DELETE	4,1 Π	$\overline{}$	1-217		Change	Addition
	•		4. 2 N					
NAME .					ADDRESS			
STREET ADDRESS			1	ITY-S1				
CITY-ST-ZIP		DELETE	5.1 TI				Change	☐ Addition
		L_1 0-00.4	5.2 N				-	
NAME					ADDRESS			
STREET ADDRESS				ITY-S1	1	•		}
CITY-ST-ZIP TITLE			6.1 1		<del></del>		Change	Addition
			6.2 N					
NAME			1		ADDRESS	•		{
STREET ADDRESS	•		1					

14. I 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 receipter of 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, with all other like empowered.

SIGNATURE: