

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000097841 (6)

1. Corporation Name
INTERMEX PROPERTIES, INC.

Principal Place of Business

9350 S DIXIE HIGHWAY
SUITE 1520
MIAMI FL 33156

Mailing Address

9350 S DIXIE HIGHWAY
SUITE 1520
MIAMI FL 33156

97 SEP 16 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/27/1996	3a. Date of Last Report
4. FEI Number 65-0718391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 11060 N. KENDALL DRIVE	26 11060 N. KENDALL DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 N/A	27 N/A
City & State	City & State
23 Miami - FL	28 Miami - FL
Zip	Zip
24 33176	29 33176
Country	Country
25 US	30 US

9. Name and Address of Current Registered Agent

RINCON, JOHN B
9350 S DIXIE HIGHWAY
SUITE 1520
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name	RINCON, JOHN B.
82 Street Address (P.O. Box Number is Not Acceptable)	9160 SW 92 COURT
83	
84 City	MIAMI
85 Zip Code	FL 33176

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	RINCON, JOHN B.
STREET ADDRESS		13 STREET ADDRESS	9160 SW 92 COURT
CITY-ST-ZIP		14 CITY-ST-ZIP	MIAMI FL - 33176
TITLE	<input type="checkbox"/> DELETE	21 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	DAVIS, RUSSELL
STREET ADDRESS		23 STREET ADDRESS	11060 North KENDALL DRIVE
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	700002294067--3
CITY-ST-ZIP		34 CITY-ST-ZIP	-09/16/97--01019--024
TITLE	<input type="checkbox"/> DELETE	41 TITLE	***\$558.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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

John B. Rincon

09/15/97 (301270-1855)

CR2E034 (4/97)