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FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000005112 (2)

1. Corporation Name

INTER-MARKET INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

1500 BAY ROAD, SUITE 297
MIAMI BEACH FL 33139

1500 BAY ROAD, SUITE 297
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1997

4. FEI Number

05-0718859

Applied For
Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1620 WEST AVE.

Suite, Apt. #, etc.

22 SUITE 604

City & State

23 MIAMI BEACH, FL

Zip

24 33139

Country

25 VS

2a. Mailing Address

26 1620 WEST AVE.

Suite, Apt. #, etc.

27 SUITE 604

City & State

28 MIAMI BEACH, FL

Zip

29 33139

Country

30 VS

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

ALBERTO BARROS

82 Street Address (P.O. Box Number is Not Acceptable)

1620 WEST AVE. # 604

83

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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

ALBERTO J DE BARROS

(NOT) Registered Agent signature required when reinstating

DATE

3-26-98

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME DE BARROS, ALBERTO J
STREET ADDRESS 1500 BAY ROAD, SUITE 297
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME ALBERTO J DE BARROS
1.3 STREET ADDRESS 1620 WEST AVE, SUITE 604
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

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 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:

ALBERTO J DE BARROS

ALBERTO J DE BARROS

3-26-98

305-604-8474

CR2E034 (10/97)