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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000075270 (3)

INTEC (USA), INC.

Principal Place of Business

Mailing Address

FILED May 11 1998 8:00am Secretary of State



12973 S.W. 1 SUITE 320 MIAMI FL 331	12TH STREET 86	12973 S.W. 112TH STREE' SUITE 320 MIAMI FL 33186	Ţ		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					08/28/1997	
	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
					Not Applicable	
22 #					5. Certificate of Status Desired See Required Fee Required	
	19mi Fe	City & State 28 MIAMI	FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
Zip う	3186 Country	Zip 23 . 5/	Countr	/	8. This corporation owes or has paid the current year Intangible	
24	25	. l	30		Personal Property Tax due June 30. Yes No	
9, Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered Agent	
JOHN, CARLOS			81	Ivanie		
12973 6. W. 112TH STREET SUITE 32 0			82		Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33186			63			
: • •			84		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 Horida. 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 typod or printed name of professed and their applicative (NOTL Registered Agent signature required when reinstating) DATE						
12,	OF CEERS AND		13.	unt signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	KHAN, NELLO	DELETE	1.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY - 5			
TITLE	SD DELETE		2.1 TITLE		PO Addition	
NAME	JOHN, CARLOS		2.2 NAME			
STREET ADDRESS	12973 S.W. 112TH STREET, SUITE 320		2.3 STREE	ADDRESS		
CITY-ST-ZIP	MIAM! FL 33186			S1 - ZIP		
TITLE	D DELETE		3.1 TITLE		Change Addition	
NAME	PE NN, JOE		3.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186			S1 - ZIP		
TITLE	L_J DELETE				☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-5	ST - ZIP	Change Addition	
NAME		☐ otteit	5.1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS			5.2 NAME	ADDDECC		
CITY-ST-ZIP			5.3 STREET			
TITLE		DELETE	5.4 CITY - S 6.1 TITLE	IF-ZIP	☐ Change ☐ Addition	
NAME		Dittele	6.2 NAME		Change Maprior	
STREET ADDRESS			6.3 STREET	ADDRECC		
CITY-ST-ZIP			6.4 CITY-S			
					<u> </u>	

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.