## 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

## FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90005 007 \*\*\*150.00

<u> </u>							
DOCU	MENT # P970000	093268					
. Corporatio	in realise .						
INTERM	AX CORP.	•					. Aliai 18:1 (Ah)
ĺ							
Deineinel Dies	o of Duniones	Mailing Address				<u>la iduan ilian kini</u> l	
6057 SUNSET DR., STE. 201 6057 SUNSET DR., STE. 201 S. MIAMI FL 33143 S. MIAMI FL 33143					•		
		•			DO NOT WRITE IN TH	S SPACE	
į					3. Date incorporated or Qualifed		
9 5000015	No.	1 32 Arms Arms			10/30/1997	·	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0797935		plied For
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.			<u> </u>		00 0/9/900	\$8.75	ot Applicable
22				لمحلنه ادد	5. Certificate of Status Desired		equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added	
Zip					8. This corporation owes the current year i		
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	d Agent	
GRO	DSSMAN, JEROME	و بود د مو ۱۰ دی قبد	[0,	i vaine	<u> </u>		
6057 SUNSET DR., STE. 201				Street Addr	ress (P.O. Box Number is Not Acceptable)		
S. MIAMI FL 33143			83			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21.0 (00 (00)
						er statistick	
			84	City		85 Zip (	Code Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	e-named corp	oration submits this statement for the purpose of	of changing its	registered
office or r agent. I a	egistered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was aut ons of, Section 607,0505, Florida.	thorized by t da Statutes.	the corporatio	on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE					•		
	Signature, typed or printed name of registered agent a	<del></del>	<del></del>	t signature required	d when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	<del></del> -	ADDITIONS/CHANGES TO OFFICERS A	(ND DIRECTO	ORS IN 12
NAME	JABRA, FLAVIO E	C DECETE	1.1 MLE	- }		Change	- Augmon
	AGA MORNI PILL CALIFORNIA ALG		1.2 NAME	ADDDESC	٠.		
CITY-ST-ZIP	SAO PAULO, S.P., BRAZIL 01429		1.4 CITY-ST	ł			
TITLE	D **	☐ DELETE	2.1 TITLE	-217		[] Change	☐ Addition
NAME	JABRA, MARINA D		2.2 NAME	}			
STREET ADDRESS	C/O YORK. RUA DAVI CAMPIST/	A, 412	2.3 STREET	ADDRESS	•		
CITY-ST-ZIP	SAO PAULO, S.P. BRAZIL 01429		2.4 CITY-ST	T-ZIP			
TITLE	D	DELETE	3.1 TITLE			Change	· Addition
NAME	JABRA, RODRIGO		3,2 NAME	· }	·		
STREET ADDRESS	C/O YORK. RUA DAVI CAMPISTA		3.3 STREET	ADDRESS		1 : , :	1175
CITY-ST-ZIP	SAO PAULO, S.P.,BRAZIL 01429		3.4. CITY-ST	T-ZIP			3
TITLE	D IARDA ALECCANDOO	L) DELETE	4.1 TITLE			☐ Change :	Addition
NAME	: Jabra, Alessandro : C/O York. Rua davi Campist/	A10.	4.2 NAME				į
STREET ADDRESS	SAO PAULO, S.P.,BRAZIL 01429	n 7,16'	4.3 STREET	ì			
CITY-ST-ZIP TITLE	S	☐ DELETE	4.4 CITY-ST 5.1 TITLE	-417	<del></del>	Change	☐ Addition
NAME	GROSSMAN, JEROME	<u></u>	5.2 NAME	<b>∤</b> .		ن عربين	
STREET ADDRESS	6075 SUNSET DRIVE SUITE 201	ing the same of the same of	5,3 STREET	ADDRESS	ing the state of t		
CITY-ST-ZIP	S. MIAMI FL 33143	1.我在中华了有人们 中国人工有效 (1.3.5)	5.4 CITY-ST		en de la companya de La companya de la co		.
TITLE	And the second s	DELETE	6.1 TITLE		·	Change	Addition
NAME	Sign with the tyles of the		62 NAME	1		•	
STREET ADDRESS	Burder and Friday		6.3 STREET	ADDRESS			
CITY OT 715			64 CITY-ST	. 7IP			

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, with all other like empowered.

**SIGNATURE** 



/11 (99 (305)662 Date Daytime Phone