

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

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

0213

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

DOCUMENT # P97000093268

1. Corporation Name

INTERMAX CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6057 SUNSET DR., STE. 201 S. MIAMI FL 33143		Mailing Address 6057 SUNSET DR., STE. 201 S. MIAMI FL 33143	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent GROSSMAN, JEROME 6057 SUNSET DR., STE. 201 S. MIAMI FL 33143		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	JABRA, FLAVIO E	1.2 NAME	
STREET ADDRESS	C/O YORK. RUA DAVI CAMPISTA, 412	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, S.P., BRAZIL 01429	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	JABRA, MARINA D	2.2 NAME	
STREET ADDRESS	C/O YORK. RUA DAVI CAMPISTA, 412	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, S.P., BRAZIL 01429	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	JABRA, RODRIGO	3.2 NAME	
STREET ADDRESS	C/O YORK. RUA DAVI CAMPISTA, 412	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, S.P., BRAZIL 01429	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	JABRA, ALESSANDRO	4.2 NAME	
STREET ADDRESS	C/O YORK. RUA DAVI CAMPISTA, 412	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, S.P., BRAZIL 01429	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	GROSSMAN, JEROME	5.2 NAME	
STREET ADDRESS	6075 SUNSET DRIVE SUITE 201	5.3 STREET ADDRESS	
CITY-ST-ZIP	S. MIAMI FL 33143	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED: JEROME GROSSMAN

1/11/99

(305) 662-6772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #