

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90023 037 ***150.00

DOCUMENT # **P 98000065 337** OF
1. Corporation Name
Intercom - Import & Export INC.

Principal Place of Business Mailing Address
18407 W. DIXIE HWY
NORTH MIAMI BCH. FL 33160 **SAME.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7-24-98

| | | | |
|--------------------------------|---------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 65-0890178 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| 23 | 28 | Trust Fund Contribution | <input type="checkbox"/> |
| Zip | Country | 8. This corporation owes the current year intangible | |
| 24 | 25 | Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | 29 | | |
| | 30 | | |

9. Name and Address of Current Registered Agent

CHRISTOS GARAKIS
17027 W DIXIE HWY #115
NORTH MIAMI BCH. FL 33160

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
18407 W. DIXIE HWY
83
84 City **NORTH MIAMI BCH** FL 85 Zip Code **33160**

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 and 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

3/5/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P | 1.2 NAME | |
| STREET ADDRESS | CHRISTOS E. GARAKIS | 1.3 STREET ADDRESS | 18407 W. DIXIE HWY |
| CITY-ST-ZIP | 17027 W DIXIE HWY #115 | 1.4 CITY-ST-ZIP | NORTH MIAMI BCH. FL 33160 |
| | N. M. B. FL 33160 | | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T | 2.2 NAME | |
| STREET ADDRESS | ALBERTO C. MELO JUNIOR | 2.3 STREET ADDRESS | 18407 W DIXIE HWY |
| CITY-ST-ZIP | 17027 W DIXIE HWY #115 | 2.4 CITY-ST-ZIP | NORTH MIAMI BCH FL 33160 |
| | N. M. B. FL 33160 | | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S | 3.2 NAME | |
| STREET ADDRESS | CLAUDIA GARAKIS | 3.3 STREET ADDRESS | 18407 W. DIXIE HWY |
| CITY-ST-ZIP | 17027 W DIXIE HWY #115 | 3.4 CITY-ST-ZIP | NORTH MIAMI BCH FL 33160 |
| | N. M. B. FL 33160 | | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/99 (305) 949-8255

CR2E034 (11/98)