

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90093 044 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000084038 ✓

1. Corporation Name

INTERTEC GROUP, INC.

Principal Place of Business: 1825 PONCE DE LEON BLVD. SUITE 145 CORAL GABLES, FL 33134-4418  
 Mailing Address: 1825 PONCE DE LEON BLVD. SUITE 145 CORAL GABLES, FL 33134-4418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: SEPTEMBER 29, 1998  
 4. FEI Number: 05-0866828 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 the current year intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
 CRAIG A. JASLOW, ESQ.  
 9851 FONTAINEBLEAU BLVD., SUITE B-307  
 MIAMI, FL 33172

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City 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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 TITLE  DELETE  
 NAME: D SAMIA S. ZEITOUN  
 STREET ADDRESS: ROAD 213, No. 18  
 CITY-ST-ZIP: DIGLA, MAADI, CAIRO, EGYPT  
 TITLE  DELETE  
 NAME: D MOHAMMED EL-ARISHY  
 STREET ADDRESS: P.O. BOX 310155  
 CITY-ST-ZIP: MIAMI, FL 33231  
 TITLE  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:  
 TITLE  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:  
 TITLE  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE  Change  Addition  
 1.2 NAME: D, P SAMIA S. ZEITOUN  
 1.3 STREET ADDRESS: ROAD 213, No. 18  
 1.4 CITY-ST-ZIP: DIGLA, MAADI, CAIRO, EGYPT  
 2.1 TITLE  Change  Addition  
 2.2 NAME:  
 2.3 STREET ADDRESS:  
 2.4 CITY-ST-ZIP:  
 3.1 TITLE  Change  Addition  
 3.2 NAME:  
 3.3 STREET ADDRESS:  
 3.4 CITY-ST-ZIP:  
 4.1 TITLE  Change  Addition  
 4.2 NAME:  
 4.3 STREET ADDRESS:  
 4.4 CITY-ST-ZIP:  
 5.1 TITLE  Change  Addition  
 5.2 NAME:  
 5.3 STREET ADDRESS:  
 5.4 CITY-ST-ZIP:  
 6.1 TITLE  Change  Addition  
 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ MOHAMMED EL-ARISHY 4/29/99 (305) 774-9942  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)