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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000093230

1. Corporation Name

INTERGIFT, INC.

17 500100									
SUITE 400 MIAMI FL 33131 SUITE 400 MIAMI FL 33131 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2a. Mailing Address 2b. Mot Applied Fl. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2d. City & State 2d. Country 2d. Country 2d. Country 2d. Country 2d. Country 2d. DO NOT WRITE IN THIS SPACE Applied Fl. Mailing Address 4. FEI Number 6. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7 Trust Fund Contribution 7 Added to Fees 7 Addition 7 Fee Required 8 Trust Fund Contribution 8 This corporation owes the current year Intangible 7 Personal Property Tax. 9 Name and Address of Current Registered Agent 8 Name FERNANDEZ, EDUARDO 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131	Principal Place of	Business	Mailing Address				- 1 IMBIIADI (\$0 IBIN) (BISI NRSI) ADIIK DSKI NRKI		(B 11680 IIIII 6011 IOO1
3. Date Incorporated or Qualifed 11/03/1998 2. Principal Place of Business 2. Applied Fc 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Country 2. Country 2. Country 3. Date Incorporated or Qualifed 11/03/1998 4. FEI Number 2. Not Applied Fc 2. Not Applied Fc 3. Not Applied Fc 3. Not Applied Fc 3. Suite, Apt. #, etc. 3. Certificate of Status Desired 3. Fee Number 3. Not Applied Fc 3. Not Applied Fc 3. Not Applied Fc 3. Street Addition 3. Test Fund Contribution 4. Fee Required 4. FEI Number 5. Certificate of Status Desired 4. Fee Required 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fees 7. Trust Fund Contribution 7. Added to Fees 7. Not Acceptable 7. Not Acceptable 7. Not Acceptable 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7. Suite Address (P.O. Box Number is Not Acceptable) 7	SUITE 400		SUITE 400				DO NOT WRITE IN THIS SPACE		
2a. Mailing Address 2b. Mailing Address 2c. Country Status Desired 2c. Certificate of Status Desired 2c. Election Campaign Financing Trust Fund Contribution 2c. Country Status Desired 2c. Certificate of Status De	WWW. 1 E 00.01						3. Date Incorporated or Qualifed		
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Sign Sig							11/03/1998		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country 30 Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required \$5.00 May Be Trust Fund Contribution Added to Fees Added to Fees Required Solute, Apt. #, etc. Fee Required \$5.00 May Be Trust Fund Contribution Added to Fees Added to Fees Representative Personal Property Tax. Personal Property Tax. Personal Property Tax. Solute, Apt. #, etc. Fee Required Solute Fee Required For Required Solute Fees For No Personal Property Tax. Registered Agent Solute Address of New Registered Agent Solute Address of New Registered Agent Solute Address (P.O. Box Number is Not Acceptable) Solute 400 MIAMI FL 33131	2. Principal Place	of Business	2a. Mailing Address				4. FEI Number	Ĺ	Applied For
Street Address (P.O. Box Number is Not Acceptable) Street Code	21		26				65-0876879		Not Applicable
City & State City & State 28 City & State Country R. This corporation owes the current year Intangible Personal Property Tax. No Name and Address of New Registered Agent Registered Agent Registered Agent Registered Agent Street Address (P.O. Box Number is Not Acceptable) SUITE 400 MIAMI FL 33131		tc.					5. Certificate of Status Desired		
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent FERNANDEZ, EDUARDO 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131	City & State		<u></u>	-					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERNANDEZ, EDUARDO 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name 84 Other Registered Agent	Zip	 1	Zip	-	гу		· ·		
FERNANDEZ, EDUARDO 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 MIAMI FL 33131					10. Name and Address of New Registered Agent				
501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable)	EEDNAN	INEZ ENLIARNO		8	П	Name			
MIAMI FL 33131				8	12	Street Addres	ss (P.O. Box Number is Not Acceptable)		
104 City				8	33				
	HANZIAN I	£ 00101		8	34	City	F	L 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.

agom. r a	Trialina man, and accept the conjunction of the con		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature require	ad when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1,1 TITLE	Change Addition
NAME	PERIM, LUDMILA	1.2 NAME	
STREET ADDRESS	501 BRICKELL KEY DRIVE SUITE 400	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33131	2.1 TITLE	☐ Change ☐ Addition
ļ		2.2 NAME	
NAME			
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Change Addition
TITLE	☐ DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	•
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	41 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
	,	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY ST. 7ID	

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:

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

05-17-1999 90078 045 ***150.00