E NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001492658
-05/17/95--01183--020
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

1. Corporation Name
~~INTERVICE CORP.~~
CIC GROUP INC.

DOCUMENT #
S20070 (6)

Mailing Address
~~900 INGRAHAM BLDG.~~
~~25 SE 2ND AVE.~~
~~MIAMI FL 33131~~

Principal Place of Business
~~900 INGRAHAM BLDG.~~
~~25 SE 2ND AVE~~
~~MIAMI FL 33131~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 12/19/1990
3a. Date of Last Report: ~~04/05/1993~~ 4/26/94

2. Mailing Address
21 888 Brickell Avenue
Suite, Apt. #, etc.
22 6th Floor
City & State
23 Miami, FL
Zip 24 33131 Country 25 USA

2a. Principal Place of Business
26 888 Brickell Avenue
Suite, Apt. #, etc.
27 6th Floor
City & State
28 Miami, FL
Zip 29 33131 Country 30 USA

4. FEI Number: 65-0236357 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO, MORENO, P.A.
900 INGRAHAM BLDG.
25 SE 2ND AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: CIC ADMINISTRATIVE SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 888 Brickell Avenue
83 5th floor
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE 4/28/95
Registered Agent Accepting Appointment NOTE: Registered Agent signature required when restating

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE D/P	11 TITLE D/P
12 NAME ORTEGA, LUIS ALBERTO T.	12 NAME ORTEGA, LUIS ALBERTO
13 STREET ADDRESS ~~% 25 SE 2ND AVE., #900~~	13 STREET ADDRESS 888 Brickell Ave. 6th Floor
14 CITY-ST-ZIP MIAMI FL	14 CITY-ST-ZIP Miami, FL 33131
21 TITLE D/V/P	21 TITLE ~~D~~
22 NAME ~~GOLDHAGEN ----- GLENN~~	22 NAME ~~GONZALEZ HUMBERTO~~
23 STREET ADDRESS ~~25 SE 2ND AVENUE, 900~~	23 STREET ADDRESS ~~888 Brickell Ave. 6th Floor~~
24 CITY-ST-ZIP MIAMI FL	24 CITY-ST-ZIP ~~Miami, FL 33131~~
	31 TITLE D
	32 NAME HERRERA WILLIAM
	33 STREET ADDRESS 888 Brickell Ave. 6th Floor
	34 CITY-ST-ZIP Miami, FL 33131
	41 TITLE D
	42 NAME MANUEL SANCHEZ
	43 STREET ADDRESS 888 Brickell Avenue, 5th Floor
	44 CITY-ST-ZIP Miami, FL 33131
	51 TITLE
	52 NAME
	53 STREET ADDRESS
	54 CITY-ST-ZIP
61 TITLE	61 TITLE PA
62 NAME	62 NAME
63 STREET ADDRESS	63 STREET ADDRESS 5-1-95
64 CITY-ST-ZIP	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Manuel Sanchez, Director 4-26-94 (305)377-0390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #