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

PROFIT CORPORATION ANNUAL REPORT

1998



F) ORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$4

S40376

(3)

INTEL ASSOCIATES, INC.

Mailing Address

FILED Feb 13 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address					
12924 SW 13		12924 SW 132 CT			1		
MIAMI FL 331 US	186	MIAMI FŁ 331 <b>8</b> 6 Us			DO NOT WRITE IN TI	HIS SPACE	
US		00			3. Date Incorporated or Qualified		
					03/14/1991		
2. Principal Pla	ice of Business	2a. Mailing Address	4		4. FEI Number		Applied For
21 9820	SW 124 Cf.	26 P.O. BOX	16-1	650	65-0252246		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					E Cortificate of Status Desired     7 = 1		5 Additional Regulred
27 Ch & State							
City & State City & State  23 Miani, FL  28 Miar			; FZ		<b>6.</b> Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 10 100	Country	700	Country		8. This corporation owes or has paid the		
⊋₁ૻૼ3 <i>3</i> /ઢ	86 25 Dade	29 33/16		ide	Personal Property Tax due June 30.	Yes	□ No
	g. Name and Address of Current	_1			10. Name and Address of New Registe	red Agent	
CC	OWAN, PAUL M.		B1	Name			
100 S. BISCAYNE BLVD. SUITE 1101, ONE BAYFRONT PLAZA				82 Street Address (P.O. Box Number is Not Acceptable)			
	AMI FL 33131		83				
			84	City		85 Z	Zip Code
				,	poration submits this statement for the purpo	FL	
SIGNATURE 5	Signature: Typichar pradost naccioni responencia a pent	and title diapole at Be (NOT)	Flegistered Ag	ent signature requir		ATE .	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS		
TIFLE	0	☐ DELETE	1,1 TITLE			Chan	ige Addition
NAME	MARTINEZ, JOSEPH A.		1.2 NAME				
STREET ADDRESS	A AL A A A Brown			T ADDRESS			
CITY-ST-ZIP	MIAMI FL D	DELETE	1.4 CHTY-1	ST - ZIP		☐ Chan	nge Addition
TITLE NAME	MARTINEZ, CRISTINA						<b>,</b>
STREET ADDRESS	COOC CHI CONTIL OT		22 NAME	T ADDRESS			
CITY - S1 - ZIP	MIAMI FL		2.4 CITY-				
TITLE	DELETE		3.1 TITLE			Chan	nge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4 CITY-	ST - ZIP			
TITLE	DELETE 4:		4.1 TITLE			Chan	nge L Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CiTY-	ST-ZIP		Chan	nge Addition
TITLE		[_] DELETE	5.1 TITLE				ige [] Addition
NAME			5 2 NAME	7 4000000			
STREET ADDRESS			4	T ADDRESS			
CITY-ST-7IP TITLE		DELETE	5.4 CITY- 6.1 TITLE	21-515		☐ Char	nge Addition
NAME		La Precie	62 NAME	1			
STREET ADDRESS			E .	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
VIII-31-ZIF	and the state of t	to this films, door not qualify to			Section 119 07(3)(i) Florida Statutes Liturth	er certify that	the information

4. 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 changes or or an attachment with an appears.

SIGNATURE

ustria Martini

1/30/98

CRZE034 (10/97)