

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90291 030 ***150.00

DOCUMENT # S66614

1. Corporation Name
INTERMED INTERNATIONAL OF MIAMI, INC.



Principal Place of Business

854 N.W. 87TH AVE.
NO. 404
MIAMI FL 33172

Mailing Address

P.O. BOX 520802
MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1991

4. FEI Number

65-0275987

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 9512 S. ANDREW AVE

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach

Zip

24 33069

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MEDINA, JOSE
4001 SOUTH OCEAN DRIVE
PH6
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

JOSE MEDINA

82 Street Address (P.O. Box Number is Not Acceptable)

950 SOUTH ANDREWS AVE

83

84 City

Pompano Beach

FL

85 Zip Code

33069

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

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 20/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PST
NAME MEDINA, JOSE
STREET ADDRESS 4001 SOUTH OCEAN DRIVE PH6
CITY-STATE-ZIP HOLLYWOOD FL 33019

TITLE D
NAME MEDINA, JOSE
STREET ADDRESS 4001 SOUTH OCEAN DRIVE PH6
CITY-STATE-ZIP HOLLYWOOD FL 33019

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME MEDINA, JOSE
1.3 STREET ADDRESS P.O. BOX 520802
1.4 CITY-STATE-ZIP Miami, FL 33152

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 a power like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1999 954-781-7777

Date

Daytime Phone #

CR2E034 (11/98)

0222786