

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 AM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montross
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03433 (2)
1. Corporation Name
INTERCOMEX CORPORATION

Principal Place of Business: **1460 BRICKELL AVE SUITE #101 MIAMI FL 33131 US**
Mailing Address: **1460 BRICKELL AVE SUITE #101 MIAMI FL 33131 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 12/27/1991	36. Date of Last Report 05/01/1994
4. FEI Number 65-0303356	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 has liability for intangible tax under S. 199 (3)(b), Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent ZANGEN, ALEX 1460 BRICKELL AVE S206 MIAMI FL 33131		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
			85. Zip Code
			FL

11. Pursuant to the provisions of Sections 607-609 and 607-150B, 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 607-609, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
101. NAME DP ZANGEN, ALEX	102. STREET ADDRESS 220 GREENWOOD DR.	103. CITY, STATE, ZIP KEY BISCAYNE FL	☐ Change ☐ Addition
104. NAME	105. STREET ADDRESS	106. CITY, STATE, ZIP	☐ Change ☐ Addition
107. NAME	108. STREET ADDRESS	109. CITY, STATE, ZIP	☐ Change ☐ Addition
110. NAME	111. STREET ADDRESS	112. CITY, STATE, ZIP	☐ Change ☐ Addition
113. NAME	114. STREET ADDRESS	115. CITY, STATE, ZIP	☐ Change ☐ Addition
116. NAME	117. STREET ADDRESS	118. CITY, STATE, ZIP	☐ Change ☐ Addition
119. NAME	120. STREET ADDRESS	121. CITY, STATE, ZIP	☐ Change ☐ Addition
122. NAME	123. STREET ADDRESS	124. CITY, STATE, ZIP	☐ Change ☐ Addition
125. NAME	126. STREET ADDRESS	127. CITY, STATE, ZIP	☐ Change ☐ Addition
128. NAME	129. STREET ADDRESS	130. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in SRS (s) 191.02(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the treasurer or holder authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE: **ALEX ZANGEN**
DATE: **4/27/95**
TELEPHONE: **(305) 375-8488**