## 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

## DOCUMENT # **V03433** 1. Corporation Name

INTERCOMEX CORPORATION

Principal Place of Business Mailing Address FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90160 030 \*\*\*150.00



1460 BRICKELL AVE SUITE #101 MIAMI FL 33131 US		1460 BRICKELL AVE SUITE #101 MIAMI FL 33131 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  12/27/1991
2. Principal PI	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0303356 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	1	27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25		Country		8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Curren				10. Name and Address of New Registered Agent
			81	Name	
ZANGEN, ALEX 1460 BRICKELL AVE			82	Street	t Address (P.O. Box Number is Not Acceptable)
S206			83		
	All FL 33131		84	City	85 Zip Code
				'	d corporation submits this statement for the purpose of changing its registered
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author tions of, Section 607.0505, Florida S	ized by Statutes	tne corp	poration's board of directors. I neredy accept the appointment as registered
	Signature, typed or printed name of registered ager			nt signature	(Todallos Milot Johnson 19)
12.			13. .1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP.	<del>-</del>	.2 NAME		
NAME.	ZANGEN, ALEX	1			
STREET ADDRESS	101 CRANDON BLVD. #368	4		T ADDRESS	š
CITY-ST-ZIP	KEY BISCAYNE FL 33149		.4 CITY-S	T-ZIP	Change Addition
TITLE	8	_	2.1 TITLE		
NAME .	ZANGEN, MYRIAM		2.2 NAME		
STREET ADDRESS	101 CRANDON BLVD. #368		3 STREE	TADDRESS	S .
CITY-ST-ZIP	KEY BISCAYNE FL 33149		2. 4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	1 mle		☐ Change ☐ Addition
NAME		1 3	3.2 NAME		
STREET ADDRESS		3	3.3 STREE	T ADDRESS	S
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP	
TITLE		☐ DELETE	I.1 TITLE		Change Addition
NAME		4	. 2 NAME		
STREET ADDRESS		4	.3 STREE	T ADDRESS	S S
CITY-ST-ZIP		4	4 CITY-S	T-ZIP	
TITLE		☐ DELETE !	.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			3 STREE	T ADDRESS	s
CITY-ST-ZIP		<b>.</b>	5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE €	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	s

CITY-ST-ZiP 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 charged, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**