

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V17917 (8)
1. Corporation Name
INTERMED INDUSTRIES, INC.

Principal Place of Business 9429 FOUNTAIN BLUE BLVD. # 211 MIAMI FL 33172	Mailing Address 9429 FOUNTAIN BLUE BLVD. # 211 MIAMI FL 33172
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FILED

98 JUL 27 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7848 NW 71 STREET Suite, Apt. #, etc. 22 City & State MIAMI, FL 23 Zip 33166 24 Country MIAMI-DADE		2a. Mailing Address 26 7848 NW 71 STREET Suite, Apt. #, etc. 27 City & State MIAMI, FL 28 Zip 33166 29 Country MIAMI-DADE		3. Date Incorporated or Qualified 03/02/1992	
				4. FEI Number 65-0340165	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RUIZ, LUIS A. 9429 FOUNTAIN BLUE BLVD. MIAMI FL 33172 7848 NW 71 ST MIAMI, FL 33166				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	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, LUIS A.	1.2 NAME	
STREET ADDRESS	9429 FOUNTAIN BLUE BLVD.	1.3 STREET ADDRESS	7848 NW 71 ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	800002606818--1
STREET ADDRESS		2.3 STREET ADDRESS	-08/04/98--01049--005
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address.

SIGNATURE: *Luis A. Ruiz* Luis A. Ruiz, Pres (305) 593-0299

CR2E034 (10/97)

July 13, 1998

To whom it may concern:

pg 2

On July 10, 1998 Mr Sean G. representative of your customer Service Dept, suggested I wrote a letter explaining the reason of my request for wave of penalty.

The Annual Report Document was wrongly deliver To the apartment ^{below} ~~above~~ mine, This family was not in the country do to they Travel often To South America. On July 9, 1998 They came to me giving me The document.

For this reason I request a wave of Penalty, and also a change of Address To my bussiness Location. To avoid any Future inconveniences.

Thank you very much.

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