

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V17917**
1. Corporation Name
INTERMED INDUSTRIES, INC.

Principal Place of Business
**7848 N.W. 71 STREET
MIAMI FL 33166**

Mailing Address
**7848 N.W. 71 STREET
MIAMI FL 33166**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 20 AM 7:56



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0340165		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RUIZ, LUIS A. 7848 N.W. 71 STREET MIAMI FL 33166				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 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		DATE	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	RUIZ, LUIS A.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7848 N.W. 71ST STREET	1.2 NAME 600002996166	
CITY-STATE-ZIP	MIAMI FL 33166	1.3 STREET ADDRESS -09/24/99--01033--008	
TITLE	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP ****150.00 ****150.00	
NAME	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> DELETE	2.2 NAME	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> DELETE	3.2 NAME	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> DELETE	4.2 NAME	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.2 NAME 5/9/20	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.2 NAME	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

To whom it may concern:

As requested from your office representative
this letter is to state, that I am sending
the regular payment of \$150.00 due to the
fact that our office never received prior
notice.

Thank you for your attention

Luis A Ruiz