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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPAR MENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90146 050 ***150.00

DOCUMENT # V19805

1. Corporation Name

INTERCULTURAL, INC.

Principal Place	of Business	Mailing Address	•						
433 HAVEN PO	INT DRIVE	433 HAVEN POINT DRIVE							
TREASURE IS'	AND FL 33706	TREASURE ISLA	ND FL 337()6			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	111107	TAGE	
						· ·			
						03/09/1992 4. FEI Number			Applied For
2. Principal 3	ace of Business	<u> </u>	2a. Mailing Address			'		1	
21			26			59-3132922			Not Applicable
Suite, Ap:. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certifca e of Status Desired]	•	5 Additional Required
22		27							
City & State		<u> </u>	City & State			6. Election Campaign Financing	3		May Be
23		28				Trust Fund Contribution			ed to Fees
Zip Country		Zip	Zip Country			8. This corporation owes the current			no.
24	25	29	30			Personal Property Tax.		☐ Yes	72No
	9. Name and Address of Curre	nt Registered Agent		_ +	 _	10. Name and Address of New Regi	steren A	gent	
				81	Name				
	ZINI, ANDREW O			82	Street Ad 1	ress (P.O. Box Number is Not Acceptable			
433	haven point drive		02						
TREA	ASURE ISLAND FL 33706			83					
				-	 			Tarliz	in O do
				84	City		FL	85 Zi	ip Code
44 Diverse et	to the provinces of Scations 507 05	02 and 607 1508 Flor	ida Statutes th	ne abov	e-named cort	poration submits this statement for the pur	pose of c	hanging	its registered
office cre	egistered agent, or bolh, in the State	erf Florida. Such char	ige was author	rized by	the corporati	ion's board of directors. I hereby accept the	e aproint	ment as	reg stered
agent. La	m familiar with, and accept the obliga	ations of, Section 607.	.0505, Fl∋rida :	Statutes	S.				
SIGNATUFE			(1)07 - 0-0	tared Ass	of owner of the U	ed when reinstating)	DATE		
	Signature, typed or printed na ne of registered age	NI) DIRECTORS		13.	en signature require	ADDITIONS/CHANGES TO OFFICE		DIREC	TORS IN 12
12.	P OFFICERS AI			1.1 TITLE		7,0071131101011711020 10 0.1110		Chang	
TITLE	•								. –
NAME	MANZINI, ANDREW O			1.2 NAME					
STREET ADDRESS	433 HAVEN POINT DR		ı		T ADDRESS				
CITY-ST-ZIP	TREASURE ISLAND FL			1.4 CITY-S	ST-ZIP			Chang	ge
TITLE	V		ELETE :	2.1 TITLE				□ CHANG	je 🗆 Additio
NAME	Manzini, serena		9 :	2.2 NAME	- }				
STREET ADDR ESS	433 HAVEN POINT DR			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	Treasure Island FL			2.4 CITY	ST-ZIP				
TITLE			ELETE	3.1 TITLE				☐ Chang	ge 🔲 Additio
NAME				3.2 NAME	[
STREET ADDRESS	1	•	Į.	3 3 STREE	T ADDRESS	•			
CITY-ST-ZIP				3 4. CITY-	ST-ZIP			_	
TITLE				4.1 TITLE				Chang	ge 🗌 Additio
NAME				4. 2 NAME					
			4		ET ADDRESS				
STREET ADDF ESS			l l						
CITY-ST-ZIP			CLETE	4.4 C/TY-5	31-417			Chang	ge Additio
TITLE				5.1 TITLE 5.2 NAME)				,
NAME									
STREET ADD RESS			- 1		ET ADDRESS				
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP				
TITLE			,,_	61 TITLE	1			Chang	ge 🔲 Additio
NAME				6.2 NAME					
STREET ADD RESS			ž.	63 STREE	ET ADDRESS				
CITY-ST-ZIP]	6.4 CITY-	ST-ZIP				

14. her sby certify that the information supplied vith 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 equired 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 all other like empowere 1.

SIGNATURE:

ANDREW O. MANZINSI

727-367-9601