## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 27 1997 8:00am

## Sandra B. Mortham

ANNUAL REPORT			Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
1931				OHPOHAT	IONS			
DOCUI	MENT # V20	0220	(2)					
			<b>\</b> — <i>)</i>					
INTUM	IPH MANAGEMENT (	CORPORATION				I ISSUE SUBJECT AND A SERVE ALBERTA	2011 E1011 A1011 A1211 A1211 A121	
Principal Place	e of Business	Mailing Add	dress			L OEBIJA BAJARA DIBIJA DADAD JUBAR ARBAK	COM BEREN DIRIN DIQUE BANGE DI	DI DIDI IDE
1130 WASHINGTON AVE.		•	400 ALHAMBRA CIRCLE					
STH FLOOR MIAMI BEACH FL 33139		SUITE 1	SUITE 1 CORAL GABLES FL 33134			50 1107 1470	TE IN THE 0040E	
MIRMI DEAUT	1 FL 93139	CORAL GA US	BLES FL 33134			3. Date Incorporated or Qualified	TE IN THIS SPACE  3a. Date of Last I	Report
						03/11/1992	03/12/1996	
2. Principal P	lace of Business	2a. Mailing	Addross			4. FEI Number		pplied For
21		26				65-0328064	<del></del>	lot Applicable
Suite, Apt.	#, <del>0</del> 1C.	Suite, A	.pt. #, etc.			5. Certificate of Status Desired		Additional legulred
City & State	.6	City & S	State			6. Election Campaign Financing	<del></del>	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		Countr	У	8. This corporation owes or has		1
24	25 Name and Address (	29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20		30		Personal Property Tax due Jui 10. Name and Address of New I		_] No
CU	RRAN, ROBERT	or ourrent Hogistorio Ag	10.11	B1	Name	(b. Hallib and Addices of Heli	registores Agent	
	30 WASHINGTON AVE 5	TH		82	Stroot A	Address (P.O. Box Number is Not Accept	ablo)	
APT	T 702				<u> </u>	address (F.O. Box Namber is Not Accept	able)	
MIA	MI BEACH FL 33139			83	3			"" <del>-</del>
				84	City		<b>85</b> Zip	Code
44 Purcuant	to the provisions of Sections	e 607 0502 and 607 1508	Florida Statuta	se the above	ip pamed i	corporation submits this statement for the	FL 65 210	ite registered
Office or r	registered agent or sets in	3 007.0007 RITU 007, 1000,	T IOTION STATUTO					ito iogistorou I
on theore	m familiar with and accent	the State of Florida, Such	change was a	uthorized b	y the corp	oration's board of directors. I hereby acc	ept the appointment as	s registered
agent. I a	im familiar with, and accept	the State of Florida. Such the obligations of, Section CURRAN	change was at 607.0505	uthorized b rida Statute	by the corp es.	corporation submits this statement for the oration's board of directors. I hereby acc	ept the appointment as	s registered
SIGNATURE	Signature, typed or printed name of re	egistered agent and title II applicable	V -	: Registered Ag		required when reinstating)	DATE	<b>/</b>
SIGNATURE	Signature, typed or printed name of re OFFIC	egistered agent and title II applicable CERS AND DIRECTORS	a. (NOTE	: Reg stered Ag		<del></del>	DATE ICERS AND DIRECTO	RS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed name of re OFFIC	egistered agent and title II applicable CERS AND DIRECTORS	V -	: Reg stered As 13. 1.1 TITLE	gent signature r	required when reinstating)	DATE	<b>/</b>
SIGNATURE	Signature, typed or printed name of re OFFIC  CURRAN, ROBERT  1130 WASHINGTON	egistered agent and tille II applicable CERS AND DIRECTORS	a. (NOTE	13. 1.1 TITLE 1.2 NAME	gent signature r	required when reinstating)	DATE ICERS AND DIRECTO	RS IN 12
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14. I do 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 tam 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.

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