

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Muzian
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031953

1. Corporation Name
Intertime, Inc.
5805 Blue Lagoon Drive, Suite 136
Miami, Florida 33126
Principal Place of Business Mailing Address
5805 Blue Lagoon Drive, Suite 136
Miami, Florida 33126

2. Principal Place of Business
21 **5757 Blue Lagoon Drive**
Suite, Apt. #, etc.
22 **Suite 140**
City & State
23 **Miami, Florida**
Zip Country
24 **33126 USA**
2a. Mailing Address
26 **5757 Blue Lagoon Drive**
Suite, Apt. #, etc.
27 **Suite 140**
City & State
28 **Miami, Florida**
Zip Country
29 **33126 USA** 30 **USA**

3. Date Incorporated or Qualification
05/03/93
3a. Date of this Report
May 11, 1995
4. File Number
65-04-09835
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing **\$5.00** May Be Added to Fees
7. This corporation has a liability for filing for the calendar year 1995
Federal Statistics Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
Alvaro Castillo B., Esq.
1533 Sunset Drive
Suite 201
Miami, Florida 33143

81. Name
Alvaro Castillo B., Esq.
82. Street Address (P.O. Box Number is Not Acceptable)
1390 Brickell Avenue
83. **Suite 200**
84. City
Miami FL 85. Zip Code
33131

11. Pursuant to the provisions of Section 607.01(1)(a) of the Florida Statutes, the undersigned hereby certifies that the name of the corporation is not identical to the name of any other corporation or registered agent, or both, in the State of Florida. Such filing was a check by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and agree to the provisions of Section 607.01(1)(a) of the Florida Statutes.

SIGNATURE *Roberto Pfeffer*

12. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> OFFICER NAME Roberto Pfeffer STREET ADDRESS 5757 Blue Lagoon Dr., Suite 140 CITY, ST. ZIP Miami, Florida 33126	<input checked="" type="checkbox"/> DIRECTOR
TITLE <input checked="" type="checkbox"/> OFFICER NAME Abraham Ricardo Pfeffer STREET ADDRESS 5757 Blue Lagoon Dr., Suite 140 CITY, ST. ZIP Miami, Florida 33126	<input checked="" type="checkbox"/> DIRECTOR
TITLE <input type="checkbox"/> OFFICER NAME STREET ADDRESS CITY, ST. ZIP	<input type="checkbox"/> DIRECTOR
TITLE <input type="checkbox"/> OFFICER NAME STREET ADDRESS CITY, ST. ZIP	<input type="checkbox"/> DIRECTOR
TITLE <input type="checkbox"/> OFFICER NAME STREET ADDRESS CITY, ST. ZIP	<input type="checkbox"/> DIRECTOR

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> OFFICER NAME D/P Carlos Rodriguez STREET ADDRESS 5757 Blue Lagoon Dr., Suite 140 CITY, ST. ZIP Miami, Florida 33126	<input checked="" type="checkbox"/> DIRECTOR
TITLE <input checked="" type="checkbox"/> OFFICER NAME D/S Jenny Pfeffer STREET ADDRESS 5757 Blue Lagoon Dr., Suite 140 CITY, ST. ZIP Miami, Florida 33126	<input checked="" type="checkbox"/> DIRECTOR
TITLE <input type="checkbox"/> OFFICER NAME STREET ADDRESS CITY, ST. ZIP	<input type="checkbox"/> DIRECTOR
TITLE <input type="checkbox"/> OFFICER NAME STREET ADDRESS CITY, ST. ZIP	<input type="checkbox"/> DIRECTOR

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***225.00

14. I declare by signing that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: *Carlos Rodriguez*
SIGNATURE AND TYPED IN PRINTED NAME OF SIGNER **Carlos Rodriguez, President**

8-9-96 (305) 266-1423

CR2E034 (3/96)