PROFIT CORPORATION ANNUAL REPORT 1996		IDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State ISION OF CORPORATIONS		
DOCUMENT # 274699 (8) INTER-CONTINENTAL, INC.		(8)		
Principal Place of Business 300 SW 124TH AVE	Mailing Addres 300 SW 124	TH AVE		A 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1
MIAMI FL 33184-/4-/8	MIAMI FL 3:	3184-14-18	3. Date Incorporated or Qualified 3a.	Date of Last Report
2, Principal Place of Business	2a. Mailing Ad	Scope	10/14/1963 4. FEI Number	01/19/1995
21	26 26	JI 655	59-1097689	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt	#, etc.	5. Certificate of Status Desired	\$8.75 Additional
City & State	27 City & State	9	6. Election Campaign Financing	Fee Required \$5.00 May Be
70 000	28		Trust Fund Contribution	Added to Fees
Zip Country 25	y Z _I p	Country 30	8. This corporation has liability for intangle Fiorida Statutes Yes	
g, Name and Addre	ess of Current Registered Agen	t 81 Name	10. Name and Address of New Registr	ored Agent
familiar with, and accept the obliga	ons 607,0502 and 607,1508, Flor State of Florida, Such change wa	s authorized by the comoration's	rporation submits this statement for the purpose or board of directors. I hereby accept the appointme	FL 85 Zip Code of changing its registered office nt as registered agent. Fam
SIGNATURE Signature, typod or printed name	of night area agent and the it approaces	(NOTE: Registered Agent signature ra	a juried when renstating! Dx	·
12. C	DEFICERS AND DIRECTORS	LETE 1 1 INTE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
NAME RODRIGUEZ, RAI		1 ? NAME		AND DIRECTORS IN 12 Change Addition
STREET ADDRESS 300 SW 124TH A	NE 18 33184-14-18	1 3 STREET ADDRESS		E03
TITLE S	コ8 ング18 45 1 4 10			Change Addition
NAME RODRIGUEZ, NID	_	2.2 NAME		Change Addition
STREET ADDRESS 300 SW 124TH A	NE 33184-1418	2.3 STREET ADDRESS		
TITLE MIAMI, FL 60000		LETE 3 1 THUE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		3.4 C/TY-ST-Z/P LETE 4.1 T/TLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS CITY-ST-ZIP		4.3 STREET ADDRESS		
THE	C)F	4.4 C/TY - ST - Z/P 1.ETE 5.1 T/TLE		Change Addition
		5.2 NAME		
NAME		5 3 STREET ADDRESS		
NAME STREET ADDRESS				
NAME	DE	5 4 CITY - S1 - ZIF LETE 6 1 TITLE		Change
NAME STREET ADDRESS CITY-ST-ZIP	DE			Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ DE	LETE 6 1 TITLE 6 ? NAME 6 3 STREET ADDRESS		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the informat	ion supplied with this films is volum	LETE 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 64 CITY-ST-ZIP placity furnished and does not one	ify for the exemption stated in Section 119.07(3)(k curate and that my signature shall have the same) Elecide Statutes 15 other