

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

0239861

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90060 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 304124**

1. Corporation Name  
**INTER-CONTINENTAL CORPORATION**



Principal Place of Business Mailing Address  
~~8575 NW 75TH AVE~~ **5805 BLUE LAGOON DR.** ~~8575 NW 75TH AVE~~  
~~MIAMI FL 33166~~ **SUITE 406** ~~MIAMI FL 33166~~  
~~US~~ **MIAMI, FL 33126** ~~US~~ **MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	04/14/1966	59-1142512	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	8. This corporation owes the current year Intangible Personal Property Tax.	8.75 Additional Fee Required
22	27	<input type="checkbox"/>	<input type="checkbox"/>	5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	
23	28			
Zip	Zip			
24	29			
Country	Country			
25	30			

9. Name and Address of Current Registered Agent

**PENINSULA REGISTERED AGENTS, INC.**  
**200 S. BISCAYNE BLVD. #4874**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DSTP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUITANO, HECTOR J</b>	1.2 NAME	
STREET ADDRESS	<del>8575 NW 75TH AVE #1</del> <b>5805 Blue Lagoon Dr.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<del>MIAMI FL 33166</del> <b>SUITE 406</b> <b>MIAMI, FL 33126</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUITANO, HECTOR SR</b>	2.2 NAME	
STREET ADDRESS	<del>8575 NW 75TH AVE #1</del> <b>5805 BLUE LAGOON DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>MIAMI FL 33166</del> <b>SUITE 406</b> <b>MIAMI, FL 33126</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUITANO, PIERO</b>	3.2 NAME	
STREET ADDRESS	<del>8575 NW 75TH AVE #1</del> <b>5805 BLUE LAGOON DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>MIAMI FL 33166</del> <b>SUITE 406</b> <b>MIAMI, FL 33126</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/99

(305) 267-0071

CR2E034 (1/1/98)