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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 589664

1. Corporation Name
INTERCAP VENTURES, INC.

Principal Place of Business
2333 PONCE DE LEON BLVD PH-1100
CORAL GABLES FL 33134

Mailing Address
2333 PONCE DE LEON BLVD PH-1100
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1978

4. FEI Number

59-1924589

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 13643 DEERING BAY AVE.
Suite, Apt. #, etc.

22 UNIT 165

23 CORAL GABLES, FL.

24 Zip 33158 25 Country USA

2a. Mailing Address

26 13643 DEERING BAY AVE.
Suite, Apt. #, etc.

27 UNIT 165

28 CORAL GABLES, FL.

29 Zip 33158 30 Country USA

9. Name and Address of Current Registered Agent

WINDHORST, KENT A
2333 PONCE DE LEON BOULEVARD
PH 1100
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name KENT A. WINDHORST

82 Street Address (P.O. Box Number is Not Acceptable)
80 SW. 8TH STREET, SUITE 2120

83


84 City MIAMI

FL

85 Zip Code 33130

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

 KENT A. WINDHORST SECRET/REMS

DATE

3/15/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WEAVER, DAVID R.
STREET ADDRESS 2333 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE STD ☐ DELETE

NAME WINDHORST, KENT A.
STREET ADDRESS 2333 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 13643 DEERING BAY AVE. #165
1.4 CITY-ST-ZIP CORAL GABLES, FL. 33158

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 80 SW. 8TH STREET, #2120
2.4 CITY-ST-ZIP MIAMI, FL. 33130

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, on an attachment with an address, with all other like empowered. SECRET/REMS

SIGNATURE:

 KENT A. WINDHORST

DATE

3/15/99

DAYTIME PHONE #

(305) 442-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)