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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

614105

(5)

INTERCONTINENTAL DIVERSIFIED INVESTMENTS, INC.

## **FILED** Apr 23 1998 8:00am Secretary of State

						11 DIRI 1401
Principal Plac	e of Business	Mailing Address			n iadain sunn unur mann uldis asian ainn aibhr didit didit didit didit	ii Billii ialli
	B. CABALLERO, ESO.	2450 SW 137TH AVE				
2450 SW 137TH AVE. SUITE 221		SUITE 221			DO NOT WRITE IN THIS SPACE	
		MIAMI FL 33175 US	•		3. Date Incorporated or Qualified	
•		•			03/20/1979	
2. Principal P	lace of Business	2a. Mailing Address				oplied For
21		26				t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		- \$8.75				
27				5. Certificate of Status Desired Fee Re	equired	
City & Stat	ө	City & State		6. Election Campaign Financing \$5.00	May Be	
23		28				to Fees
Zip	Country	Zip	Cour	niry	8. This corporation owes or has paid the current year Int	
24	25	29	30			No
	9. Name and Address of Curren	t Hegistered Agent		81 Name	10. Name and Address of New Registered Agent	
	ABALLERO, MARCIA B			81 Name		
	50 <b>S</b> W 137TH AVE		Ī	82 Street A	Address (P.O. Box Number is Not Acceptable)	
STE 221		1	B3			
M	AMI FL 33175			<b>63</b>		1
			ľ	B4 City	85 Zip	Code
44 Durawant	to the provisions of Spotions COT OFO	0 and CO7 4500. Elevido State	100 110 01	1	FL   S   Z   S	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	by the corp	corporation submits this statement for the purpose of changing it poration's board of directors. I hereby accept the appointment as	registered
agent. I a	im tamiliar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stati	utes.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if englicable (NO	IF: Registered	Agent signature r	required when reinstating) DATE	[
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	DPVS	☐ DELETE	1.1 10	LE	Change	Addition
NAME	VALERA, ALBERTO		1.2 NAI	ME		
STREET ADDRESS	2450 SW 137TH AVE		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	_ MIAMI FL		1.4 CIT	Y-ST-ZIP		
TITLE		DELETE	2.1 TH	LE	Change	Addition
NAME			2.2 NA	ME (		[
STREET ADDRESS			2.3 STF	REET ADDRESS		ŀ
CITY+ST-ZIP			2.401	TY-ST-ZIP		
TITLE		☐ DELETE	3.1 TIT	Lξ	Change	Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		. 1
CITY+ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	4.1 TIT		L. Change	☐ Addition
NAME			4.2 NA			
STREET ADDRESS			4.3 STF	REET ADDRESS		
CITY-ST-ZIP		Determ		Y - ST - ZIP		7788
TITLE		☐ DELETE	5.1 TIT	ŀ	L Change	Addition
NAME			5.2 NAI	1		ł
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		Driete		Y-ST-ZIP		T Taken
TITLE		☐ DELETE	6.1 111		∐ Change	☐ Addition
NAME			6.2 NA			1
STREET ADDRESS				REET ADORESS		ŀ
City-S1-ZiP	pertify that the information complied we	th this filling does not qualify		Y-ST-ZIP	d in Section 119 07(3Vi). Florida Statutes, Lighther certify that the	information

indicated on this amual report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(1). Florida Statutes. Further certify that the informatio indicated on this amual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustice 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 prion an anachment with an address.