

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M38489**

(4)

1. Corporation Name

INTERCOUNTY INVESTORS ENTERPRISE, INC.

Principal Place of Business

**8574 SW 8TH ST.
MIAMI FL 33144**

Mailing Address

**8574 SW 8TH ST.
MIAMI FL 33144**

3. Date Incorporated or Qualified
09/16/1986

3a. Date of Last Report
08/23/1994

4. FEI Number
59-2720122

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 has liability for intangible tax under s. 197.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Locality

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Locality

30

9. Name and Address of Current Registered Agent

**FERNANDEZ, FERMIN NINO
8574 SW 8TH ST.
MIAMI FL 33144**

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 607.0602 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

(Signature must be printed with the signature on the filing date)

(Signature must be printed with the signature on the filing date)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

FERNANDEZ, FERMIN NINO

STREET ADDRESS

3574 SW 8TH ST.

CITY, ST., ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST., ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST., ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in s. 197.032, Florida Statutes. I further certify that the information indicated on this annual report, or supplemental annual report, as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

4-29-95 (305) 264-9880