

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90270 047 ***158.75

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1. Entity Name
INTERCONTINENTAL BANK



Principal Place of Business
**5722 SW 8TH ST
WEST MIAMI, FL 33144**

Mailing Address
**5722 SW 8TH ST
WEST MIAMI, FL 33144**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1155002

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME ARGIMON, CONSTANTINO
STREET ADDRESS 1220 PALERMO AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME BENITEZ, RAUL
STREET ADDRESS 4845 SW 80TH STREET
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE D
NAME MAS, ILDEFONSO R
STREET ADDRESS 6421 SW 72ND COURT
CITY-ST-ZIP MIAMI, FL 33143

TITLE DP
NAME LOPEZ-CASTRO, AMADEO JR
STREET ADDRESS 608 VALENCIA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME MURAI, ANDRES JR.
STREET ADDRESS 200 SOLANO PRADO
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE D
NAME FRAGA, PELAYO G
STREET ADDRESS 5631 SW 94TH PLACE
CITY-ST-ZIP MIAMI, FL 33173

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

AMADEO LOPEZ CASTRO

Date

Daytime Phone #