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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90071 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000017915

1. Corporation Name
INTER COUNTRIES TRADE COMPANY, INC.



Principal Place of Business
17890 W. DIXIE HWY
STE. 707
MIAMI FL 33160
US

Mailing Address
C/O J.M. VEGA
25 S.E. 2 AVE
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **16300 N.E. 19 AVE.**

Suite, Apt. #, etc.

22 **SUITE 243**

City & State

23 **MIAMI, FL.**

Zip

24 **33162**

Country

2a. Mailing Address

26 **25 S.E. 2ND AVE.**

Suite, Apt. #, etc.

27 **SUITE 410**

City & State

28 **MIAMI, FL.**

Zip

29 **33131**

Country

3. Date Incorporated or Qualified

03/04/1993

4. FEI Number

65-0397885

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

9. Name and Address of Current Registered Agent

VEGA, JOSE M.
25 S.E. 2ND AVE, #201
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
VEGA, JOSE M.

82 Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2ND AVE.

83 **SUITE 410**

84 City
MIAMI

FL

85 Zip Code
33131

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

JOSE M. VEGA

03/24/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
ZUBATA, CARLOS
17890 W DIXIE HWY., SUITE 216
MIAMI FL 33160

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
16300 NE 19 AVE SUITE 243
MIAMI, FL. 33162

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 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: **X** **CARLOS ZUBATA, PRG. X 4-15-99** (305) 937-3853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0188794