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CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P93000054748 (7)

INTER CONTINENTAL CORPORATION OF NORTH AMERICA. INC.

Principal Place of Business Mailing Address 4989 RIVERSIDE DRIVE 4989 RIVERSIDE DRIVE CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 3a. Date of Last Report 3. Date Incorporated or Qualified 08/04/1993 06/09/1995 4 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0428665 26 Suite, Apr. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Oity & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zψ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAW FIRM OF LAWRENCE J SPIEGEL CHARTERED Street Address (P.O. Box Number is Not Acceptable) 82 D/B/A AMERILAWYER 83 343 ALMERIA AVENUE CORAL GABLES FL 33134 85 Zip Code 11. Pursuant to the provisions a 1507, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office the purpose of changing its registered office that goes a suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am 1954 Torida Statutes. Mans 607.0502 and 607 or registered agent, br familiar with, and accept DRBRA KOWACSICLY (NOTE: Registered Agent signature required whe (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change Addition TILLE KOWALSKY, GEORGE CR2E034 1.2 NAME NAME 4989 RIVERSIDE DRIVE 13 STREET ADDRESS STREET ADDRESS. **CORAL SPRINGS FL 33067** 14 CHTY - ST - ZIP VSTD TT DELETE Change Addition 2 1 THUE 7-11F NAME KOWALSKY, DEBRA 2.2 NAME 4989 RIVERSIDE DRIVE 23 STREET ADDRESS STREET ADORESS **CORAL SPRINGS FL 33067** 0174-51-712 2 4 CITY-ST-ZIP DELFTE Change Addition THEF 3 1 TITLE 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY - ST-ZIP 011Y - \$1 - 7/2 DELETE Change Addition 11.14 4. 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STRUE LADORESS 4.4 CITY - ST - ZIP DELETE Addition 1050 5 1 TITLE NAME 5.2 NAME STEFF LADDRESS 5 3 STREET ADDRESS CHTY - ST- ZIP 5 4 CITY - ST-ZIP DELETE Change Add tion 10.66 1 TITLE 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS CHY ST-ZIP 6.4 C(TY - ST - Z)P

SIGNATURE:

I do hereby certify that the information of certify that the information indivated on t

oatn; that I am an officer or cappears in Block 12 or Block

DEBRA KOWALSKY HAR 1196 954-341-678

ed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

annual report or supplemental promula report is true and accurate and that my signature shall have the same legal effect as if made under corporation of the species or vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name