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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000054748 (7)

1. Corporation Name
INTER CONTINENTAL CORPORATION OF NORTH AMERICA,
INC.

Principal Place of Business
4989 RIVERSIDE DRIVE
CORAL SPRINGS FL 33067

Mailing Address
4989 RIVERSIDE DRIVE
CORAL SPRINGS FL 33067-2893



3. Date Incorporated or Qualified
08/04/1993

3a. Date of Last Report
03/14/1996

2. Principal Place of Business
21 5708 NW 50 STREET
Suite, Apt. #, etc.

2a. Mailing Address
26 5708 NW 50 STREET
Suite, Apt. #, etc.

4. FEI Number
65-0428665

Applied For
Not Applicable

22 City & State
23 CORAL SPRINGS FL

27 City & State
28 CORAL SPRINGS FL

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

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

24 33067 25 Broward

29 33067 30 BROWARD

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAW FIRM OF LAWRENCE J SPIEGEL CHARTERED
D/B/A AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KOWALSKY, GEORGE
STREET ADDRESS 4989 RIVERSIDE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE VSTD
NAME KOWALSKY, DEBRA
STREET ADDRESS 4989 RIVERSIDE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

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/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5708 NW 50 ST.
1.4 CITY-ST-ZIP CORAL SPRINGS FL 33067

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5708 NW 50 ST
2.4 CITY-ST-ZIP CORAL SPRINGS FL 33067

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 do 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 for or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA KOWALSKY Date

Daytime Phone #

(954) 341-6796

APR 10 '97

CR2E034 (9/96)