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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P93000054748 (7)

INTER CONTINENTAL CORPORATION OF NORTH AMERICA.

FILED May 05 1998 8:00am Secretary of State

NM 11. 1983

241-6796

Principal Place of Business Mailing Address 5708 NW 50TH 8T 5708 NW 50TH ST CORAL SPRINGS FL 33067 **CORAL SPRINGS FL 33067** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1993 2. Principal Place of Business Mailing Address 4. FEI Number 2a. Applied For Not Applicable 26 <u>65-0428665</u> 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes ☐ No 24 25 30 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 82 Street Address (P.O. Box Number is Not Acceptable) 343 **ALMERIA AVENUE** 83 CORAL GABLES FL 33134 City 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, typod or printed name of registered agreer and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRLCTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 Addition DELE1E 1.1 TITLE Change TITLE KOWALSKY, GEORGE NAME 1.2 NAME 5708 NW 50TH ST 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE VSTD 2.1 TITLE KOWALSKY, DEBRA NAME 22 NAME 5708 NW 50TH ST STREET ADDRESS 2.3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information subpli-indicated on this annual report or supplier officer or director of the corporation/or the Block 12 or Block 13 if changed, of on his this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courage and that my signature shall have the same legal effect as if made under oath; that I am an object this report as required by Chapter 607, Florida Statutes; and that my name appears in