FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000023094 (3)

1. Corporation Name

INTER-CONTINENTAL TRADING, INC.

Principal Place of Business

5601 S.W. 142 AVE.
MIAMI FL 33166
US

Mailing Address

5601 S.W. 142 AVE.
MIAMI FL 33183

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report: 04/04/1995
4. FEI Number: 65-0476949 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 6001 N.W. 153rd St.
Suite, Apt. #, etc.
22 Suite 154
City & State
23 MIAMI LAKES, FL
Zip
24 33014
Country
25 DADE

2a. Mailing Address
26 6001N.W. 153rd St.
Suite, Apt. #, etc.
27 Suite 154
City & State
28 MIAMI LAKES, FL
Zip
29 33014
Country
30 DADE

9. Name and Address of Current Registered Agent

MOJICA, BERTHA L
5601 S.W. 142 AVE.
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name: WALTER A. LEHNHOFF
82 Street Address (P.O. Box Number is Not Acceptable): 2838 BOGOTA AVENUE
83
84 City: COOPER CITY FL
85 Zip Code: 33026

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] WALTER LEHNHOFF, PRESIDENT DATE 1/23/96

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	MOJICA, BERTHA L	
STREET ADDRESS	5601 S.W. 142 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	WEISSON, KARIN	
STREET ADDRESS	1169 SW 123 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	S	☐ DELETE
NAME	LEHNHOFF, WALTER A	
STREET ADDRESS	2838 BOGOTA AVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	WALTER A. LEHNHOFF	
1.3 STREET ADDRESS	2838 BOGOTA AVENUE	
1.4 CITY-ST-ZIP	COOPER CITY, FL 33026	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] WALTER A. LEHNHOFF, PRESIDENT 1/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Daytime Phone #: (305) 820-9250

CR2E034 (12/95)