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 # **P94000088166 (1)**

1. Corporation Name

INTERCREDIT FINANCIAL SERVICES INCORPORATED

Principal Place of Business	Mailing Address
1200 BRICKELL AVE. 4TH FLOOR MIAMI FL 33131	1200 BRICKELL AVE. 4TH FLOOR MIAMI FL 33131

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **12/05/1994**

3a. Date of Last Report: **03/24/1995**

4. FEI Number: **65-0556849** ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of individual and capacity or relationship to corporation of signer. (NOTE: Registered Agent's signature required for qualification or reinstatement)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☒ Addition
NAME	MACE, DAVID	12 NAME	Aurelio Portuondo
STREET ADDRESS	317 HOLLOW TREE RIDGE RD.	13 STREET ADDRESS	Director
CITY-ST-ZIP	DARIEN CT 06820	14 CITY-ST-ZIP	1200 Brickell Avenue, 4th Floor
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☒ Addition
NAME	MENENDEZ, CARLOS	22 NAME	Rafael Garcia
STREET ADDRESS	10 WEST 66TH ST.	23 STREET ADDRESS	Managing Director
CITY-ST-ZIP	NEW YORK NY 10023	24 CITY-ST-ZIP	1101 Brickell Avenue, Ste 1202
TITLE	D ☐ DELETE	31 TITLE	Miami, Florida 33131
NAME	MARESMA, RENE	32 NAME	☐ Change ☒ Addition
STREET ADDRESS	420 SARTO AVENUE	33 STREET ADDRESS	George F. Valle
CITY-ST-ZIP	CORAL GABLES FL 33134	34 CITY-ST-ZIP	Chief Financial Officer
TITLE	☐ DELETE	41 TITLE	1101 Brickell Ave, Ste. 1202
NAME		42 NAME	Miami, Florida 33131
STREET ADDRESS		43 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	900001860849
STREET ADDRESS		53 STREET ADDRESS	-06/13/96--01014--021
CITY-ST-ZIP		54 CITY-ST-ZIP	***25.00
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	000001860850
STREET ADDRESS		63 STREET ADDRESS	-06/13/96--01014--022
CITY-ST-ZIP		64 CITY-ST-ZIP	***200.00

CR2E034 (12/95)

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)(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.

SIGNATURE: George F. Valle, Chief Financial Officer 5-21-96 305-371-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #