

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 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 # P94000088166 (1)

1. Corporation Name
INTERCREDIT CAPITAL MARKETS, INC.



Principal Place of Business

1200 BRICKELL AVE.
4TH FLOOR
MIAMI FL 33131

Mailing Address

1200 BRICKELL AVE.
4TH FLOOR
MIAMI FL 33131-3209

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

05/01/1996

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACE, DAVID	
STREET ADDRESS	317 HOLLOW TREE RIDGE RD.	
CITY- ST- ZIP	DARIEN CT 06820	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENENDEZ, CARLOS	
STREET ADDRESS	10 WEST 68TH ST.	
CITY- ST- ZIP	NEW YORK NY 10023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAREMA, RENE	
STREET ADDRESS	420 SARTO AVENUE	
CITY- ST- ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORTUONDO, AURELIO	
STREET ADDRESS	1200 BRICKELL AVENUE, 4TH FLOOR	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, RAFAEL	
STREET ADDRESS	1101 BRICKELL AVENUE, STE 1202	
CITY- ST- ZIP	MIAMI FL 33131	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	VALLE, GEORGE F	
STREET ADDRESS	1101 BRICKELL AVE, STE. 1202	
CITY- ST- ZIP	MIAMI FL 33131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-97 (305)375-8442

CR2E034 (9/96)