

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001837 (0)

1. Corporation Name

CYPRESS MARINE CENTER, INC.



Principal Place of Business

707 S FEDERAL HWY.
POMPANO BEACH FL 33062

Mailing Address

707 S FEDERAL HWY.
POMPANO BEACH FL 33062

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

9. Name and Address of Current Registered Agent

LAROCK, JAMES
1905 SW 82ND AVE
N LAUDERDALE FL 33068

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

4. FLE Number

65-0546511

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 of person or persons who consent to the statement above

Signature of Registered Agent (Signature required for change of agent)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

OWNER/PRESIDENT

NAME

JAMES LAROCK

STREET ADDRESS

1905 SW 82 AVE. NORTH LAUD. FL 33068

CITY - ST - ZIP

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

8. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 its 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

CR2E034 (12/95)

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1996



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

DOCUMENT # **381223-794000040777**

1. Corporation Name

Intercontinental Financial Services, Inc.

Principal Place of Business

Mailing Address

9350 S. Dixie Hwy
Ste 1520
Miami, FL. 33156

9350 S. Dixie Hwy
Ste 1520
Miami, FL. 33156

3. Date Incorporated or Qualified
Feb 01, 1995

3a. Date of Last Report
April 19, 1995

2. Principal Place of Business

2a. Mailing Address

21 9350 S. Dixie Hwy

26 9350 S. Dixie Hwy

4. FEI Number
65-0492035

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 1520

27 Ste 1520

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

City & State

City & State

23 Miami, FL

28 Miami, FL

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

Zip

Country

Zip

Country

24 33156

25

29 33156

30 USA

8. 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

Rincon, John B
7732 Camino Real #F-118
Miami, FL. 33143

81 Name

Rincon, John B.

82 Street Address (P.O. Box Number is Not Acceptable)

9160 S.W. 92 Court

83

84 City

Miami,

FL

85 Zip Code

33176

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

Carlos Rincon General Manager

01/31/96

12. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. TITLE ☐ DELETE
NAME Rincon, John B.
STREET ADDRESS 7732 Camino Real #F-118
CITY, ST, ZIP Miami, FL. 33143

2. TITLE ☐ DELETE
NAME *John*
STREET ADDRESS
CITY, ST, ZIP

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Owner ☒ Change ☐ Addition
2. NAME Rincon John B.
3. STREET ADDRESS 9160 S.W. 92 Court
4. CITY, ST, ZIP Miami, FL. 33176

2. 1. TITLE General Manager ☐ Change ☒ Addition
2. NAME Rincon, Carlos J.
3. STREET ADDRESS 11580 S.W. 91 Terrace
4. CITY, ST, ZIP Miami, FL. 33176

3. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

4. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

6. 1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
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:

Carlos J. Rincon

Carlos Rincon General Manager

01/31/96

(305) 670 8525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Rincon

CR2E034 (12/95)