

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 # P95000096970 (5)

1. Corporation Name

INTER CAPITAL ADVISORS, INC.



Principal Place of Business

C/O WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVENUE, SUITE 2000
MIAMI FL 33131

Mailing Address

C/O WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVENUE, SUITE 2000
MIAMI FL 33131

3. Date Incorporated or Qualified
12/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 848 Brickell Ave.

26 Suite, Apt. #, etc.

22 # 1210

27 (SAME)

23 MIAMI, FL

28 City & State

24 Zip 33131

25 Country Gade

29 Zip

30 Country

4. FEI Number

65-0628331

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

10. Name and Address of New Registered Agent

WLMC REGISTERED AGENTS, INC.
C/O WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVENUE, SUITE 2000
MIAMI FL 33131

81 Name

Eduardo Solorzano

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

83 10110 S.W. 117 CT

84 City MIAMI

FL

85 Zip Code 33186

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

April 10, 1996

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> DELETE |
| NAME | SOLORZANO, EDUARDO | |
| STREET ADDRESS | 10110 S.W. 117TH COURT | |
| CITY - ST - ZIP | MIAMI FL 33186 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GARCIA, RODOLFO | |
| STREET ADDRESS | 10077 ROGANS MILL ROAD, SUITE 200 | |
| CITY - ST - ZIP | THE WOODLANDS TX 77380 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LECUOMA, EDUARDO G | |
| STREET ADDRESS | RIO TIBER #63, COL. CUAUHTEMOC | |
| CITY - ST - ZIP | MEXICO D.F. DF 06500 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 1996 (305) 373-7510

CR2E034 (12/95)