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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085728

1. Corporation Name

INTERCONTINENTAL SECURITY, INC.

Principal Place of Business	Mailing Address		
1221 BRICKELL AVE. STE 937 MIAMI FL 33131	1221 BRICKELL AVE. STE 93 MIAMI FL 33131		
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Anticipal Flace of Eduliness Malining Additions			}		
1221 BRICKELL AVE. STE 937 MIAMI FL 33131 1221 BRICKELL AVE. STE 937 MIAMI FL 33131			DO NOT WRITE IN THIS	SPACE	
•					
₹			3. Date Incorporated or Qualifed		
			10/17/1996		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0701402	, Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
22	27				
City & State	City & State	•	∼6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip Country		8. This corporation owes the current year Intangible		
24 25	29 30		Personal Property Tax.	Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agen					
ventura, enrique j jr.		81 Name			
999 PONCE DE LEON BLVD. STE 1110		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	FI	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: Re	gistered Agent signature re	equired when reinstating)		DATE	 }	
12.	OFFICERS AND DIRECTORS	13.		HANGES TO OFFI	CERS AND DIRECTO	RS IN 12	
TITLE	PS DELETE	1.1 TITLE	YP	0 4 D E Y	Change	Addition	
NAME	BURGOS, MIGUEL A	1.2 NAME	DICATEDO S 10815 N.V MIBMI	CAPET	Black.	}	
STREET ADDRESS	URB EL PLANTIO A-50 CALLE VILLA GRANDA	1.3 STREET ADDRESS	KEIS N.V	V. 42.01 11.9	22005	Ì	
CITY-ST-ZIP	TOA BAJA PR 00949	1.4 CITY-ST-ZIP	KI I KI-KI II	74.5	29000		
TITLE	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME		2.2 NAME		-			
STREET ADDRESS	•	2.3 STREET ADDRESS]	
CITY-ST-ZIP	<u>· </u>	2.4 CITY-ST-ZIP					
TITLE	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	المحاد المحاد المحاد المحاد المحاد المحاد المحاد المحاد	3.2 NAME				İ	
STREET ADDRESS		3.3 STREET ADDRESS		-	milianos de la julio de la composición	• • •	
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME		4.2 NAME			•		
STREET ADDRESS		4.3 STREET ADDRESS			,		
C/TY-ST-Z/P	·	4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE			Change	Addition	
NAME		5.2 NAME			. **		
STREET ADDRESS		5.3 STREET ADDRESS	ľ				
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE			☐ Change	Addition	
NAME		6.2 NAME			,		
STREET ADDRESS		6.3 STREET ADDRESS	,				
CITY-ST-ZIP	,	6.4 CITY-ST-ZIP	_				

I 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 chapted, og on an attachment with an address, with all other like empowered.

SIGNATURE:

NICE PLESIDENTE URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR