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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## FILED May 15, 1999 8:00 am Secretary of State

	1999	NEW TEN		ORPORATIONS	05-15-1999 9	0015 008	***150.	00
DOCU	MENT #	P47 0000 48869						
DOCUMENT # P97000 48869  1. Corporation Name  IFE INTERCONTINENTAL INC.					551541 - 90015 - 8			
-1						· <del>-</del> -		
Principal Plac	e of Business	Maili	ng Address					
28	'II RODM	WAN STRE	ET					
1 -	D .	2			DO NOT WRIT	TE IN THIS	SPACE	
Hollywood Fr, 33020					Date Incorporated or Qualifed	06	02/0	97
2. Principal F	Place of Business	<u> </u>	Aailing Address		4. FEI Number 65-015	892 U	Ar No	oplied For ot Applicable
Suite, Apt.	# ata	26	Suite, Apt. #, etc.	·	0) 01	V I K -1		Additional
22 Suite, Apr.	. #, etc.	27	мие, др. н, ею.		5. Certifcate of Status Desired		•	equired
City & Sta	te	28	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip	Co		lip	Country	8. This corporation owes the curre	ent year Inta	ngible	/
24	25	29		30	Personal Property Tax.	-	∐Yes	₽¥No
	9. Name and A	ddress of Current Registe	red Agent		10. Name and Address of New R	egistered A	gent	
				81 Name				
				82 Street Ad	Idress (P.O. Box Number is Not Accepta	ble)		
				OI OII OII OI	adicos (i .c. box manibol to mot mospia			
				83				
				84 City			85 Zip (	Code
				O-F City		FL	65 5	0000
				1 1			<u></u>	
office or i	registered agent, or .	both, in the State of Florida.	Such change was a	uthorized by the corpora	orporation submits this statement for the ation's board of directors. I hereby accep	purpose of c	hanging its tment as re	registered gistered
office or i agent. I a	registered agent, or am familiar with, and	Sections 607.0502 and 607 both, in the State of Florida. accept the obligations of, S	Such change was a ection 607.0505, Flo	uthorized by the corpora rida Statutes.	ation's board of directors. I nereby accep	purpose of c t the appoint	hanging its iment as re	registered gistered
office or i	registered agent, or am familiar with, and	both, in the State of Florida. accept the obligations of, S name of registered agent and title if a	Such change was a ection 607.0505, Flooppicable. (NOTE	uthorized by the corpora rida Statutes.  Registered Agent signature requ	ation's board of directors. I nereby accepuired when reinstating)	purpose of c t the appoint		gistered
office or agent. I a SIGNATURE	registered agent, or am familiar with, and	both, in the State of Florida. accept the obligations of, S	Such change was a ection 607.0505, Floi ppicable. (NOTE	uthorized by the corporarida Statutes.  Registered Agent signature requ	ation's board of directors. I nereby accep	purpose of c t the appoint	DIRECTO	DRS IN 12
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14. 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**