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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055164 (2)

INTERCONTINENTAL BOUNDS CORP.

## FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
5721 MARIUS ST. 5721 MARIUS ST.						
	ES FL 33146		CORAL GABLES FL 33146			
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 06/24/1997
2. Principal P	2a. Mailing Address	ling Address			4. FEI Number Applied For Applied For	
21		26				V V V Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		City & State				Fee Required
City & State	9					6. Election Campaign Financing \$5.00 May Be
Zip	Country	<b>[28]</b>	Country			Trust Fund Contribution
24	25	29	30	<del>-</del> , '		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
E4	9. Name and Address of Curre		[30]	1		10. Name and Address of New Registered Agent
				81	Name	10. Harro and Harrow of their Hogisteriou Pigerit
AMERILAWYER CHARTERED 343 ALMERIA AVENUE				-	· · · • · · · · · · · · · · · · · · · ·	
	DRAL GABLES FL 33134		82 Street		Street A	Address (P.O. Box Number is Not Acceptable)
	MAL GABLES PL 33134			83		
				-		
				84	City	FL 85 Zip Code
44 Purcuant	to the provisions of Sections 607 06	02 and 607 1509 Elorido Stat	utoc the e	hove	nomod	
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 typicd or proceed outside the systemed agreed and title if applicable (NCTE: Registered Agent signature required when reinstating)  DATE  On the signature required when reinstating (NCTE: Registered Agent signature required when reinstating)						
12.		ND DIRECTORS	13.	o Ngo	ill signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1,1 7	ITLE	· · · · I	Change Addition
NAME	DANTES-CASTILLO, JOSE		1.2 N		ļ	
STREET ADDRESS	PROCEEDING OF			1.3 STREET ADDRESS		
CITY-ST-ZIP	CODAL CARLED EL COLAC		ITY-S	ŀ		
TITLE	VSD	DELETE	2.1 T		<u>,</u>	Change Addition
NAME	DANTES-CASTILLO, EDITH		AME		_ , _	
STREET ADDRESS	\$721 MARIUS ST.		- 6		ADDRESS	
CITY-ST-ZIP	AAAA AABI EE EL AAAAA		CITY-S			
TITLE	DELETE 3.1 T				Change Addition	
NAME			3.2 N	AME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				OTY-S		
TITLE		DELETE	4.1 T			Change Addition
NAME			4.21	IAME		
STREET ADDRESS	•		1		ADDRESS	
CITY-ST-ZIP				ITY-\$1		
TITLE		DELETE	5.1 T			☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY-SI		
TITLE	·	DELETE	6.1 T			☐ Change ☐ Addition
NAME			6.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY-SI		
OH 1 TOP ZE	The second secon		0.4 0	اقتنانا	C 20	

14. Thereby 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 truetee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment afragrations.

CICNIATURE.

Dec - Castilla 4/25/98 305 740095