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PROFIT CORPORATION ANNUAL REPORT

**1999**

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

FILED
99 SEP 15 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000055164 (2)**

1. Corporation Name
**INTERCONTINENTAL BOUNDS CORP.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~5721 MARIUS ST.~~ NEW
~~CORAL GABLES FL 33146~~
801 BRICKELL BAY DRIVE
Suite #1169
Miami, FL 33131

Mailing Address
5721 MARIUS ST.
CORAL GABLES FL 33146
<- Same

3. Date Incorporated or Qualified
08/24/1997

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | ☐ Applied For ☐ Not Applicable |
| 21 801 Brickell BAY Drive | 26 801 Brickell Bay Dr | 65-0783449 | |
| Suite, Apt. #, etc. 22 Suite #1169 | Suite, Apt. #, etc. 27 Suite #1169 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State 23 Miami, FC. | City & State 28 Miami, FC | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fee |
| Zip 24 33131 Country 25 USA. | Zip 29 33131 Country 30 USA. | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No | |

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ DATE
Signature, typed or printed name of the registered agent and title if applicable. (NEW Registered Agent signature required when changing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>DANTES-CASTILLO, JOSE<br>5721 MARIUS ST.<br>CORAL GABLES FL 33146 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VSD<br>DANTES-CASTILLO, EDITH<br>5721 MARIUS ST.<br>CORAL GABLES FL 33146 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition TS |

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(CR2E034 (10/97)

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.

**SIGNATURE:** Jose Dantes-Castillo 9/8/99 305
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

# *INTERCONTINENTAL BOUNDS CORP.*

801 Brickell Bay Drive No. 1169
Miami, FL 33131 Tel 305 577.3070 Fax 305 373.6331
Email: jdantesc@ibm.net


Date: September 9, 1999

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To: Florida Department of Corporations
Annual Reports Fillings
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Attn: Seon Toner

Dear Mr. Toner

Due to our address change we did not receive the packet for the 1999 Profit Corporation Annual Report since myself spend must of the time on business traveling and after research I just learned about our duty to filling out this form.

Please find enclosed the 1998 Reports corrected and made for 1999 Report with the updated business address and really needing of asking a waiver of any fee for the inconvenience I am attaching a check for $150.00 with the form.

Appreciate for your attention to this matter,

Sincerely yours,

Jose Dantes-Castillo
President.