

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90008 001 *****8.75
09-24-1999 90008 002 ***150.00

DOCUMENT # S44061

1. Corporation Name

"WILCOT" MORTGAGE COMPANY, INC.

d/b/a INTERNATIONAL COMMERCE CENTER, INC

Principal Place of Business

780 N.W. 42 AVE.
SUITE 418
MIAMI FL 33126

Mailing Address

780 N.W. 42 AVE.
SUITE 418
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1991

4. FEI Number

65-0259833 M

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 780 N.W. 42 AVE

Suite, Apt. #, etc.

22 418

City & State

23 MIAMI FLORIDA

Zip

24 33126

Country

25 USA

2a. Mailing Address

26 780 N.W. 42 AVE

Suite, Apt. #, etc.

27 418

City & State

28 MIAMI FLORIDA

Zip

29 33126

Country

30 USA

9. Name and Address of Current Registered Agent

LEBOWITZ, WALTER B
12555 BISCAYNE BLVD. #924
MIAMI FL 33181

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 **WALTER B. LEBOWITZ, ESQ CORPORATE ATTY.**

9/3/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCEO** ☒ DELETE
NAME **VILCA, ALBERTA**
STREET ADDRESS **780 NW 42 AVE., STE.418**
CITY-ST-ZIP **MIAMI FL 33726**

TITLE **VP** ☐ DELETE
NAME **ROMERO, ANDRES**
STREET ADDRESS **780 NW 42 AVE.,STE. 418**
CITY-ST-ZIP **MIAMI FL 33726**

TITLE **T** ☐ DELETE
NAME **QUESADA, MARIA ELENA**
STREET ADDRESS **780 NW 42 AVE.,STE. 418**
CITY-ST-ZIP **MIAMI FL 33726**

TITLE **S** ☐ DELETE
NAME **ROMERO, MARK**
STREET ADDRESS **780 NW 42 AVE.,STE. 418**
CITY-ST-ZIP **MIAMI FL 33726**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PCEO**
1.3 STREET ADDRESS **HERNAN ROMERO**
1.4 CITY-ST-ZIP **780 N.W. 42 AVE., STE.418 MIA.FL.33726**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **Mr. Romero** (305) 447-2273 FAX

9/3/99 (305) 447-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)