

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90050 017 ***150.00

DOCUMENT # S80327

1. Corporation Name

INTERCAP BISCAYNE PROPERTIES, INC.

Principal Place of Business
2333 PONCE DE LEON BLVD.
PENTHOUSE 1100
CORAL GABLES FL 33134-5418

Mailing Address
2333 PONCE DE LEON BLVD.
PENTHOUSE 1100
CORAL GABLES FL 33134-5418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1991

4. FEI Number
65-0324132

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 13643 DEERING WAY NE.

Suite, Apt. #, etc.

22 UNIT 165

City & State

23 CORAL GABLES, FL

Zip

24 33158

Country

25 USA

2a. Mailing Address

26 13643 DEERING WAY NE.

Suite, Apt. #, etc.

27 UNIT 165

City & State

28 CORAL GABLES, FL

Zip

29 33158

Country

30 USA

9. Name and Address of Current Registered Agent

WINDHORST, KENT A.
2333 PONCE DE LEON BLVD.
SUITE 1100
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name KENT A. WINDHORST

82 Street Address (P.O. Box Number is Not Acceptable)

80 SW 8TH STREET

83 SUITE 2120

84 City MIAMI

FL

85 Zip Code

33130

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

Kent A. Windhorst Sec/Treas

3/15/99

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 D ☐ DELETE

NAME WEAVER, DAVID R. (CHM)
STREET ADDRESS 2333 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE DST ☐ DELETE

NAME WINDHORST, KENT A.
STREET ADDRESS 2333 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 13643 DEERING WAY NE. #165

1.3 STREET ADDRESS CORAL GABLES, FL. 33158

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 80 SW 8TH STREET, #2120

2.3 STREET ADDRESS MIAMI, FL. 33130

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, and on an attachment with an address, with all other like empowered.

SIGNATURE: Kent A. Windhorst Sec/Treas

3/15/99 (305)443-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0196294