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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$80327

1. Corporation Name

INTERCAP BISCAYNE PROPERTIES, INC.

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

04-02-1999 90050 017 ***150.00



Principal Place		5.5 (C A.d.d		-{	85811 BIBIT BIBIT BIBIT BIBIT	
Principal Place of Business Mailing Address Mailing Address						
2333 PONCE DE LEON BLVD. 2333 PONCE DE LEON BLVD.						
PENTHOUSE 1100 PENTHOUSE 1100 CODAL CARLES SI 23124 F418 CORAL GARLES SI 23124 F				DO NOT WRITE IN THIS SE	PACE	
CORAL GABLES FL 33134-5418 CORAL GABLES FL 33134-541				3. Date Incorporated or Qualifed		
				09/13/1991		
		1 0 - 14-115 - A - 14		4. FEI Number	Applied For	
	Place of Business	2a. Mailing Address	~ A. A.		Applied For	
	DEBOUNG MAY DR.	26 13643 DEERIN	a MAY NICK		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	F. 165	27 UNZT 165		 		
City & Stat	4 4 4 4	City & State	, ,,,,	6. Election Campaign Financing	\$5.00 May Be	
<u> </u>	L GABLUS, F-L	28 CORAL GABLES		Trust Fund Contribution	Added to Fees	
دد ^{Zip}	Country	ا معددد ا	Country	8. This corporation owes the current year Intan		
24 337		29 33/36 30	usa_	1 dissilat i aporty tax:		
	9. Name and Address of Current	Registered Agent	04 11	10. Name and Address of New Registered Ag	jent	
81 Name				INT A. WINDHORST		
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)		
2333 PONCE DE LEON BLVD.			80 500	Bry STROOT		
			83 SUSTE 2120			
COR	RAL GABLES FL 33134		84 City	/+	85 Zip Code	
			OH CITY ME	1007 FL	85 Zip Code 33/30	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	he above-named corpo	oration submits this statement for the purpose of ch	anging its registered	
office or r	registered agent, or both, in the State	Florida. Such change was author	rized by the corporation	n's board of directors. I hereby accept the appointment	nent as registered	
agent. La	am taronta with and edcept the onutration			Company 3/1	-199	
SIGNATURE	Signature, typed or printed name of registered agent a	SEAT A. W	stered Agent signature required	(when reinstation) DANE		
12.	OFFICERS AND	`	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D		1.1 TITLE		Change	
NAME	WEAVER, DAVID R. (CHM)	_	1.2 NAME		سم دو کل	
	ACCO DOMOS DE LEGAL BLAD	B '				
STREET ADDRESS			1 3 STREET ADDRESS 73	CAS MAGNETURE ALL MALL	4165	
	<u> </u>		1.3 STREET ADDRESS	CAS NACALOS FL 331.	5P	
CITY-ST-ZIP	CORAL GABLES FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	RAC CAGLES, FL. 331	SP Addition	
TITLE	CORAL GABLES FL DST	DELETE 2	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	CASLES, FL. 331	Change	
	CORAL GABLES FL DST WINDHORST, KENT A.	DELETE 2	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	CAS STAN STREET . " 21	SP Change	
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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 changes on an attachment with an address, with all other like empowered.

SIGNATURE: 4