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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

S85019

(5)

INTERCONTINENTAL FINANCIAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



680 N STATE	ROAD 7	660 N STATE ROAD 7 STE 7				
STE 7 PLANTATION FL 33317		PLANTATION FL 33317		DO NOT WRITE IN TH	IS SPACE	
				 Date Incorporated or Qualified 10/04/1991 		
2. Principal Pl	lace of Business	2a. Mailing Address	- 70	4. FEI Number	Applied For	
21 (*) 34 ;	STATE FORT	26 13 25 1777	レトレフ	65-0386950	Not Applicable	
Suite, Apt. 22 (325)	Se STATE RD 7	27 /325 50. 57	ATE RUT	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 FT Care	ISERPALE AL	20 7	RDALE, 1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 383 / 7	S807 25 US A	29 34317-1807 30	Country USA	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	BANO, WALTER		OI Name	WALTER ALBANA	0	
	N STATE RD 7		82 Street /	ddress (P.O. Box Number is Not Acceptable)	7	
STE #7 DI ANTATION EL 20017				DAG SO SIMIL PURE	<u>'</u>	
PLANTATION FL 33317			33			
1			84 City	LAUDERDALE F	85 Zip Code	
4. 5	of Continue CO7 BLBD	and 607 1609 Elevido Statutos	the above period	corporation submits this statement for the purpos	- 77771	
office or to	egistered agent, or both, in the State o	if Florida. Such chan oe was aut	horized by the corp	oration'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 typed or printed name of registered agent	and title if any visible (NOTE: 9	egistered Agent signature	required when reinstation) DAT	7//	
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	ALBANO, WALTER		1.2 NAME	- 1 00-		
STREET ADDRESS	660 N STATE RD 7 STE #7		1.3 STREET ADDRESS	1325 20 2141E KJ	/	
CITY-ST-ZIP	PLANTATION FL	· · · · · · · · · · · · · · · · · · ·	14 CITY-ST-ZIP	1325 SO STATE RD- FT LAUDERDALE FL	33317	
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		L DELETE	3.1 TITLE		L Change L Addition	
NAME			3.2 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE	-	DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS	<u>.</u>		4.3 STREET ADDRESS			
CITY-ST-ZIP		T DELETE	4.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	5.1 TITLE		Citalitie Cit Modition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE		L. DECEIE	6.1 TITLE		CT Olimide CT Vacilion	
NAME		•	6.2 NAME			
Į.			* * * * * * * * * * * * * * * * * * * *			
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-S1-Zip			

I hereby ceruly that the information supplied with this filling doos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Floring retrieve that the information indicated on this annual report or suppliemental armunal report is true and accurate and that my signature shall have the same legal effect as if made under oade und