PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S85019 1. Corporation Name

INTERCONTINENTAL FINANCIAL ENTERPRISES, INC.

	•										
Principal Place of Business Mailing Address						J	. 180-150-3 161 16101 Dilli 46161 (i)	, , , , , , , , ,		J	
1325 S STATE FT LAUDERDAL US	RD 7 E FL 33317-5807	1325 S STATE RD 7 FT LAUDERDALE FL 33317-5807 US				DO NOT WRITE IN THIS SPACE					
							Date Incorporated or Qualifed 10/04/1991				**
2. Principal P	lace of Business	2a. Mailing Address				4	. FEI Number		L		olied For
21		26				65-0386950		Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	. Certifcate of Status Desired	·	\$8.75 Additional Fee.Required			
City & State	9	City & State			6	. Election Campaign Financing		\$5.00 May Be			
23		28				_	Trust Fund Contribution				Fees
Zip				-			8. This corporation owes the current year Intangible Personal Property Tax Pyes □ No				
24	25	29	30				Personal Property Tax.	Daminton of A	Yes	5	□N0
	9. Name and Address of Curren	t Registered Agent		81	Name	10). Name and Address of New F	registered A	rgent		
A) D	ANO, WALTER			"	Name						
1325	S STATE RD 7				Street Ad	ddress (P.O. Box Number is Not Acceptable)					
FTL	AUDERDALE FL 33317			83							
				84	City			FL	85	Zip C	ode
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was	authorized	i by i	ine corpora	orporation's b	on submits this statement for the board of directors. I hereby accep	purpose of option	tment	ng its as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NO	TE: Registered	Agent	signature requ	quired when	reinstating)	DATE .			
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	СТО	RS IN 12
TITLE	D	☐ DELETE	1.1 TI	TLE					Chi	ange	Addition
NAME	ALBANO, WALTER		1.2 N	ME	1						
STREET ADDRESS	1325 S STATE RD 7		1.3 \$1	REET	ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33317		1.43		1.4 CITY-ST-ZIP			·			
TITLE				2.1 TITLÉ					Ch.	ange	☐ Addition
NAME			2.2 N	2.2 NAME							
STREET ADDRESS			2.3 \$1	REET	ADDRESS						
CITY-ST-ZIP		·	2.4 C	ITY-S	T-ZIP						
TITLE		☐ DELETE	3.1 TI	ΠE					Ch	ange	☐ Addition
NAME			3.2 N/	ME							
STREET ADDRESS			3.3 S	REET	ADDRESS						
CITY-ST-ZIP			3.4. C	ITY-S	T-ZiP		.,				
TITLE		☐ DELETE	4.1 T	TLE	- 1				☐ Ch	ange	☐ Addition
NAME	,		4. 2 N	AME							
STREET ADDRESS	_		4.3 S	REET	ADDRESS						
CITY-ST-ZIP			4.4 CI	TY-SI	-ZIP						
TITLE		☐ DELETE	5.1 TI						□ Ch	ange	☐ Addition
NAME			5.2 N								
STREET ADDRESS					ADDRESS					•	
CITY-ST-ZIP				TY-S1	r-ZIP						
TITLE		☐ DELETE	6.1 11		ĺ				□ Ch	ange	Addition
NAME			6.2 N								
CENTER AND DECC			6.3 S	TREET	ADDRESS						

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, with all other like empowered. SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP '

6.4 CITY-ST-ZIP

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90050 008 ***150.00