

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K01538** (3)

1. Corporation Name
ICA CONSTRUCTION CORPORATION

Principal Place of Business: **2655 LE JEUNE RD #1014 CORAL GABLES FL 33134 US**
Mailing Address: **2655 LE JEUNE RD #1014 CORAL GABLES FL 33134**

APPROVED AND FILED
53 MAY -1 4:10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **11/09/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0071720**
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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **2655 Le Jeune Road**
2a. Mailing Address: **2655 Le Jeune Road**
22. Suite, Apt. #, etc: **908**
27. Suite, Apt. #, etc: **908**
23. City & State: **MIAMI FL**
28. City & State: **MIAMI FL**
24. Zip: **33134** 25. Country: **US**
29. Zip: **33134** 30. Country: **US**

9. Name and Address of Current Registered Agent: **MALE, MICHAEL H. 3250 MARY ST SUITE 303 MIAMI FL 33133**
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: _____ (Date) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: ESPELETA, ALFONSO	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2655 LE JEUNE RD #908	CITY ST ZIP: CORAL GABLES FL	1.2 NAME: _____	
		1.3 STREET ADDRESS: _____	
		1.4 CITY ST ZIP: _____	Zip code: 33134
TITLE: VST	NAME: INDERBITZIN, ERNESTO	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V/A/S/A/T
STREET ADDRESS: 2655 LE JEUNE RD #908	CITY ST ZIP: CORAL GABLES FL	2.2 NAME: _____	
		2.3 STREET ADDRESS: _____	
		2.4 CITY ST ZIP: _____	Zip code: 33134
TITLE: V	NAME: MORA, JAVIER G	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2655 LE JEUNE RD #908	CITY ST ZIP: CORAL GABLES FL	3.2 NAME: _____	DELETE THIS OFFICER
		3.3 STREET ADDRESS: _____	
		3.4 CITY ST ZIP: _____	
TITLE: STV	NAME: SALVOCH, MANUEL	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V/A/S/T
STREET ADDRESS: 2655 LE JEUNE RD #908	CITY ST ZIP: CORAL GABLES FL	4.2 NAME: _____	
		4.3 STREET ADDRESS: _____	
		4.4 CITY ST ZIP: _____	Zip code: 33134
TITLE: V	NAME: GUERRERO, JOSE L	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2655 LE JEUNE RD #908	CITY ST ZIP: CORAL GABLES FL	5.2 NAME: _____	
		5.3 STREET ADDRESS: _____	
		5.4 CITY ST ZIP: _____	Zip code: 33134
TITLE: V	NAME: VALLES, RODOLFO	6.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V/A/S/A/T
STREET ADDRESS: 2655 LE JEUNE RD #908	CITY ST ZIP: CORAL GABLES FL	6.2 NAME: _____	
		6.3 STREET ADDRESS: _____	
		6.4 CITY ST ZIP: _____	Zip code: 33134

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in change of or other information with an address.

SIGNATURE: *Quirico Serina* 4/27/95 205-4420107
SECRETARY OF STATE

K01538

ICA Construction Corp.

FEI No: 65-0071720

Addition

Title: V/AS

Name: Serina, Quirico

Street Address: 2655 Le Jeune Road

City-St-Zip: Coral Gables, Fl. 33134
#908

Addition

Title: V

Name: Maciel, Cristobal

Street Address: 2655 Le Jeune Road

City-St-Zip: Coral Gables, Fl. 33134
#908

Addition

Title: V

Name: Canseco, Hector

Street Address: 2655 Le Jeune Road

City-St-Zip: Coral Gables, Fl. 33134
#908

Addition

Title: AS

Name: Marin, Ernesto

Street Address: 2655 Le Jeune Road #908

City-St-Zip: Coral Gables, Fl. 33134

Addition

Title: AS

Name: Whitaker, Ofelia

Street Address: 2655 Le Jeune Road

City-St-Zip: Coral Gables, Fl. 33134
#908