

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -7 AM 11: 28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # L07476 (9)
1. Corporation Name
ICA ENTERPRISES, INC.

Principal Place of Business 4183 W 8 AVE HIALEAH FL 33012 US	Mailing Address 4183 W 8 AVE HIALEAH FL 33012 US
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3. Date Incorporated or Qualified 08/04/1989	3a. Date of Last Report 04/18/1994
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2. Principal Place of Business 21 16600 NW 1 Street Suite, Apt. #, etc.	2a. Mailing Address 26 16600 NW 1 Street Suite, Apt. #, etc.
22 City & State 23 Pembroke Pines, FL	27 City & State 28 Pembroke Pines, FL
24 33028 25 US	29 33028 30 US

4. FEI Number 65-0181218	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
GONZALEZ, ROQUEL
4183 W 8 AVE
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name **Raquel Gonzalez**
82 Street Address (P.O. Box Number is Not Acceptable)
16600 NW 1 Street
83
84 City **Pembroke Pines FL** 85 Zip Code **33028**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	GONZALEZ, JULIO M
NAME	4183 W 8TH AVE
STREET ADDRESS	HIALEAH FL
CITY - ST - ZIP	
TITLE D	GONZALEZ, RAQUEL M
NAME	4183 W 8TH AVE
STREET ADDRESS	HIALEAH FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D	Julio m. Gonzalez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	16600 NW 1 Street	
13 STREET ADDRESS	Pembroke Pines, FL 33028	
14 CITY - ST - ZIP		
21 TITLE D	Raquel m. Gonzalez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	16600 NW 1 Street	
23 STREET ADDRESS	Pembroke Pines, FL 33028	
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 119.07(3)(g), 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.

SIGNATURE: *Raquel Gonzalez* 7/30/95 823-0685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Hours

CR2E034 (3/95)