

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90014 026 ****61.25

DOCUMENT # N00000007482

1. Entity Name
**INTERNATIONAL COMMERCE PARK I CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**306 ALCAZAR AVENUE
SUITE 303
CORAL GABLES, FL 33134**

Mailing Address
**306 ALCAZAR AVENUE
SUITE 303
CORAL GABLES, FL 33134**

54007475



2. Principal Place of Business
2530 WEST 78 STREET

3. Mailing Address
P.O. Box 160718

Suite, Apt. #, etc.
BAY # 4

Suite, Apt. #, etc.

02132004

Chg-NP

CR2E037 (10/03)

City & State
HALEAH, FLORIDA

City & State
HALEAH, FLORIDA

4. FEI Number
65-0891868

Applied For
Not Applicable

Zip
33016

Country
U.S.A.

Zip
33016

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, FERNANDO
2530 WEST 78 STREET, #4
HALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name
FLORIDA'S PROPERTY MANAGEMENT GROUP CORP.

Street Address (P.O. Box Number is Not Acceptable)
2500 WEST 78 STREET

BAY # 4

City
HALEAH

FL

Zip Code
33016

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FEB 13/2004

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SIMAN, MAURICIO J
306 ALCAZAR AVENUE SUITE 303
CORAL GABLES, FL 33134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
FERNANDEZ, CARMEN SIMAN
306 ALCAZAR AVENUE SUITE 303
CORAL GABLES, FL 33134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SIMAN, MAURICIO V
306 ALCAZAR, SUITE 303
CORAL GABLES, FL 33134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
FERNANDEZ, FERNANDO
P.O. Box 160718
HALEAH, FL 33016** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
VIGOA ANGEL
P.O. Box 160718
HALEAH, FL 33016** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
VALDIVIA, RICARDO
P.O. Box
HALEAH, FL 33016** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ZAI, JIAN
P.O. Box 160718
HALEAH, FL 33016** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO FERNANDEZ - PD

2-13-04 305-821-1794

Date

Daytime Phone #