

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90275 012 ***150.00

DOCUMENT # P00000061745

1. Entity Name
INTERNATIONAL CONSTRUCTION PARTS, INC.



Principal Place of Business
**6918 N.W. 51ST STREET
MIAMI, FL 33166**

Mailing Address
**6918 N.W. 51ST STREET
MIAMI, FL 33166**

94054310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1021484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALVO, DORYS
2289 W. 69TH STREET, NO. 1
HIALEAH, FL 33016**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **TRAVANO, JUAN L**
CITY-ST-ZIP **13416 S.W. 115TH TERRACE
MIAMI, FL 33186**

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **CALVO, DORYS**
CITY-ST-ZIP **2289 W. 69TH ST., NO. 1
HIALEAH, FL 33016**

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **VAN HEMERT, MARITA O**
CITY-ST-ZIP **11230 S.W. 114TH LANE CIRCLE
MIAMI, FL 33176**

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **TRAVANO, FLAVIO J**
CITY-ST-ZIP **289 N.W. 63RD COURT
MIAMI, FL 33126**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **D**
STREET ADDRESS **TRAVANO, LUIS J.**
CITY-ST-ZIP **11190 SW 107th STREET, APT. 207
MIAMI, FL 33176**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **D**
STREET ADDRESS **VAN HEMERT, MARITA O.**
CITY-ST-ZIP **9720 SW 217th STREET, MIAMI, FL.33190**

TITLE ☒ Change ☐ Addition

NAME **D**
STREET ADDRESS **TRAVANO, FLAVIO J.**
CITY-ST-ZIP **18141 SW 84th AVENUE, MIAMI, FL 33157**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

DORYS CALVO

04-13-04

305-477-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #