

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 29 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000082054
1. Entity Name ICP INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7314 NW 46TH ST Suite, Apt. #, etc.		3. Mailing Address C/O EMILIO MASFORROLL 11180 W FLAGLER ST Suite, Apt. #, etc. SUITE 11		4. FEI Number 65-1056361		Applied For Not Applicable
City & State MIAMI FL		City & State MIAMI FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 33166	Country MIAMI DADE	Zip 33174	Country U.S.A.			

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: HORACIO L. PIERRI
Street Address (P.O. Box Number is Not Acceptable): 7258 NW 70 ST
City: MIAMI FL Zip Code: 33166

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HORACIO L. PIERRI 7258 NW 70 ST MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000008643630 10/29/02--01031--002 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GUILLERMO CORNIDE 7258 NW 70 ST MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ARIEL OLIVERA 7258 NW 70 ST MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>OR 115</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 09/05/2002 305-552-1206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)