

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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90140 022 \*\*\*150.00

DOCUMENT # P00000082054

1. Entity Name

ICP INTERNATIONAL CORPORATION

**DO NOT WRITE IN THIS SPACE**

90061427

2. Principal Place of Business

7314 NW 46<sup>th</sup> STREET

Suite, Apt. #, etc.

3. Mailing Address

7314 NW 46<sup>th</sup> STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami - FLORIDA

City & State

Miami - FLORIDA

4. FEI Number

65-1056361

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

PIERRI, HORACIO L.

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

7258 NW 70<sup>th</sup> STREET

City

Miami

FL

Zip Code

33166

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when resigning)

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	PIERRI, HORACIO L.	7258 NW 70 <sup>th</sup> STREET	Miami FLORIDA 33166				
SECRETARY	CORNIDE, GUILLERMO	7258 NW 70 <sup>th</sup> STREET	Miami FL 33166	SECRETARY	CORNIDE GUILLERMO	7314 NW 46 <sup>th</sup> STREET	Miami, FLORIDA 33166
VICE-PRESIDENT	OLIVERA, ARIEL	7314 NW 46 <sup>th</sup> STREET	Miami FLORIDA 33166				

**DO NOT WRITE  
IN THIS SPACE**

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, and I am otherwise empowered.

SIGNATURE:  ARIEL OLIVERA VICEPRESIDENT 3/21/03 (305) 471 0420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)