

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90046 030 ***150.00

DOCUMENT # P02000087600 1. Entity Name BICA PROPERTIES CORP.					
Principal Place of Business 2478 BRICKELL AVE APT 2402 MIAMI, FL 33129			Mailing Address 2478 BRICKELL AVE APT 2402 MIAMI, FL 33129		
2. Principal Place of Business 2475 Brickell Ave			3. Mailing Address 2475 Brickell Ave		
Suite, Apt. #, etc. Apt 2402			Suite, Apt. #, etc. Apt 2402		
City & State Miami, FL			City & State Miami, FL		
Zip 33129		Country USA		4. FEI Number 68-0519345	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILLO, ALVARO B 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIS ESTIMA, MARIA DE L ☐ Delete 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reis Estima Maria ☒ Change ☐ Addition 2475 Brickell Avenue, Apt 2402 Miami, FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTIMA, ALBERTO P ☐ Delete 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Estima Alberto ☒ Change ☐ Addition 2475 Brickell Avenue, Apt 2402 Miami, FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☐ Change ☒ Addition Carlos Estima 2475 Brickell Ave., Apt 2402 Miami, FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 607, 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			3-17-04 Date _____ Daytime Phone # _____		