FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S56673 (4)

1. Corporation Name

I.C. ASSEMBLIES, INC.

Principal Place of Business
6815 N.W. 84TH AVENUE
MIAMI FL 33166

Mailing Address
6815 N.W. 84TH AVENUE
MIAMI FL 33166

2. Principal Place of Business Miami - Fl.
21 6815 N.W. 84 Avenue
Suite, Apt #, etc.
22
City & State
23 Miami - Florida
Zip 24 33166 County 25 Dade

2a. Mailing Address
26 6815 N.W. 84 Avenue
Suite, Apt #, etc.
27
City & State
28 Miami - Florida
Zip 29 33166 County 30 Dade

3. Date Incorporated or Qualified: 06/03/1991
3a. Date of Last Report: 01/26/1995
4. FEI Number: 65-0309804 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOMEZ, ABELARDO
1101 SAN PEDRO AVENUE
CORAL GABLES FL 33156

10. Name and Address of New Registered Agent
81 Name: SAme
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GOMEZ, ABELARDO	
STREET ADDRESS	1101 SAN PEDRO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	VP	☐ DELETE
NAME	GOMEZ, LUCILA	
STREET ADDRESS	1101 SAN PEDRO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 Date
(305) 477-0387 Daytime Phone #