

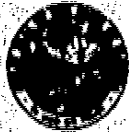
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **S68346** (3)

1. Corporation Name  
**ICA INSURANCE SERVICES, INC.**

Principal Place of Business  
**13076 S.W. 56TH ST.  
SUITE 109  
MIAMI FL 33175**

Mailing Address  
**13076 S.W. 56TH ST.  
SUITE 109  
MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**07/24/1991**

3a. Date of Last Report  
**04/28/1994**

4. FEI Number  
**65-0277636**

Applied For  
 Applied For  
 Not Applicable

2. Principal Place of Business  
21  
22 Suite, Apt. #, etc.  
23 City & State  
24 Zip  
25 Country

2b. Mailing Address  
26  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip  
30 Country

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

10. Name and Address of New Registered Agent

**MOREIRA, BERARDO  
5524 S.W. 154TH PLACE  
MIAMI FL 33185**

81 Name  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOREIRA, BERARDO</b>	1.2 NAME	
STREET ADDRESS	<b>5524 S.W. 154TH PLACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOREIRA, BERARDO</b>	2.2 NAME	
STREET ADDRESS	<b>5524 S.W. 154TH PLACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 changed, or as an amendment with an address.

SIGNATURE: *Berardo Moreira* **BERARDO MOREIRA** 4/17/95 (0575890861)  
DATE: \_\_\_\_\_