

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 22 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # S68346 (3)**  
1. Corporation Name  
**ICA INSURANCE SERVICES, INC.**



Principal Place of Business  
**13876 S.W. 56TH ST.  
SUITE 109  
MIAMI FL 33175**

Mailing Address  
**13876 S.W. 56TH ST.  
SUITE 109  
MIAMI FL 33175-6021**

3. Date Incorporated or Qualified **07/24/1991** 3a. Date of Last Report **05/01/1996**

4. FEI Number **65-0277636** 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30.

**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: *Berardo Moreira* **BERARDO MOREIRA 3/11/97.**

(NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE  DELETE

NAME **PST MOREIRA, BERARDO**

STREET ADDRESS **5524 S.W. 154TH PLACE**

CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE

NAME **D MOREIRA, BERARDO**

STREET ADDRESS **5524 S.W. 154TH PLACE**

CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE  Change  Addition

1.2 NAME **VICE PRESIDENT** **Miami, FL 33185**

1.3 STREET ADDRESS **5524 SW 154th Place**

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

14. I do 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 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 from an attachment to an address.

SIGNATURE: *Berardo Moreira* **3/11/97** **(305) 559-031**

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

CR2034 (96)