

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 # **V50022** (5)

1. Corporation Name
MICA CONSTRUCTION CORP.



Principal Place of Business: 2460 S.W. 137 AVE. STE. #243 MIAMI FL 33175 US
Mailing Address: 2460 S.W. 137 AVE. STE. #243 MIAMI FL 33175 US

3. Date Incorporated or Qualified: 07/10/1992
3a. Date of Last Report: 04/04/1995
4. FEI Number: 65-0351957
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 (21-24) and 2a. Mailing Address (26-30) fields for address details.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAZQUEZ, OSMARA
2460 S.W. 137 AVE.
STE. #243
MIAMI FL 33175

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: PASD
2. NAME: CAYON, MAURICIO
3. STREET ADDRESS: 2460 S.W. 137 AVE, #243
4. CITY-ST-ZIP: MIAMI FL 33175
5. TITLE: VSTD
6. NAME: VAZQUEZ, OSMARA
7. STREET ADDRESS: 2460 S.W. 137 AVE., #243
8. CITY-ST-ZIP: MIAMI FL 33175
9. TITLE: [] DELETE
10. TITLE: [] DELETE
11. TITLE: [] DELETE
12. TITLE: [] DELETE

1. 1 TITLE: [] Change [] Addition
2. 1 NAME
3. 1 STREET ADDRESS
4. 1 CITY-ST-ZIP
5. 2 TITLE: [] Change [] Addition
6. 2 NAME
7. 2 STREET ADDRESS
8. 2 CITY-ST-ZIP
9. 3 TITLE: [] Change [] Addition
10. 3 NAME
11. 3 STREET ADDRESS
12. 3 CITY-ST-ZIP
13. 4 TITLE: [] Change [] Addition
14. 4 NAME
15. 4 STREET ADDRESS
16. 4 CITY-ST-ZIP
17. 5 TITLE: [] Change [] Addition
18. 5 NAME
19. 5 STREET ADDRESS
20. 5 CITY-ST-ZIP
21. 6 TITLE: [] Change [] Addition
22. 6 NAME
23. 6 STREET ADDRESS
24. 6 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 if changed, or on an attachment with an address.

SIGNATURE: *Osmara Vazquez* 1/18/96 (305) 559-4950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)