

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

FILED

May 06 1997 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # **K01538** (3)  
1. Corporation Name  
**ICA CONSTRUCTION CORPORATION**



|                                                                                                       |                                                                                                |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>2655 LEJEUNE ROAD<br/>STE 1000<br/>CORAL GABLES FL 33134<br/>US</b> | Mailing Address<br><b>2655 LEJEUNE ROAD<br/>STE 1000<br/>CORAL GABLES FL 33134-5873<br/>US</b> |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/09/1987</b>                                                                                                      | 3a. Date of Last Report<br><b>05/28/1996</b>           |
| 4. FEI Number<br><b>65-0071720</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

|                                                                                                    |                                                                                         |
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| 2. Principal Place of Business<br>21 Suite, Apt #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

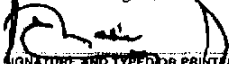
|                                                                                                                              |                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>MALE, MICHAEL H.<br/>3250 MARY ST<br/>SUITE 303<br/>MIAMI FL 33133</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

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          |                                                                                                                                                                           |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>ESPELETA, ALFONSO<br/>2655 LE JEUNE RD #908<br/>CORAL GABLES FL</b> <input type="checkbox"/> DELETE                 | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>V<br/>Suite 1000</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VAST<br/>INDERBITZIN, ERNESTO<br/>2655 LE JEUNE RD #908<br/>CORAL GABLES FL</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>D,P<br/>Baena, Enrique O.<br/>2655 LeJeune Rd., Suite 1000<br/>Coral Gables, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VST<br/>SALVOCH, MANUEL<br/>2655 LE JEUNE RD #908<br/>CORAL GABLES FL</b> <input checked="" type="checkbox"/> DELETE       | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <b>V<br/>Montano, Sergio<br/>2655 LeJeune Rd., Suite 1000<br/>Coral Gables, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>GUERRERO, JOSE L<br/>2655 LE JEUNE RD #908<br/>CORAL GABLES FL</b> <input type="checkbox"/> DELETE                   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <b>D,V<br/>Suite 1000<br/>Coral Gables, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VAST<br/>VALLES, RODOLFO<br/>2655 LE JEUNE RD #908<br/>CORAL GABLES FL</b> <input checked="" type="checkbox"/> DELETE      | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <b>V<br/>Zarate, Luis<br/>2655 LeJeune Rd., Ste. 1000<br/>Coral Gables, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VAS<br/>SERINA, QUIRICO<br/>2655 LEJEUNE RD, 908<br/>CORAL GABLES FL</b> <input type="checkbox"/> DELETE                   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <b>Suite 1000</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |

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, or on an attachment with an address.

SIGNATURE:  **4/25/97** (305) 442-0127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**ICA CONSTRUCTION CORPORATION**  
**FED ID #: 65-0071720**

**Addition**  
**Title: V**  
**Sanchez, Manuel**  
**2655 LeJeune Rd., Suite 1000**  
**Coral Gables, FL 33134**

**Addition**  
**Title: V,T**  
**Nava, Santos**  
**2655 LeJeune Rd., Suite 1000**  
**Coral Gables, FI 33134**

**Addition**  
**Title: V, AS**  
**Marin, Ernesto**  
**2655 LeJeune Rd., Suite 1000**  
**Coral Gables, FL 33134**

**Addition**  
**Title: V,AS**  
**Canseco, Hector A.**  
**2655 LeJeune Rd., Suite 1000**  
**Coral Gables, FL 33134**

**Addition**  
**Title: S**  
**Whitaker, Ofelia**  
**2655 LeJeune Rd., Suite 1000**  
**Coral Gables, FI 3134**