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Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90030 044 \*\*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K01538

1. Corporation Name

ICA CONSTRUCTION CORPORATION

Principal Place of Business

2655 LEJEUNE ROAD  
STE 1000  
CORAL GABLES FL 33134  
US

Mailing Address

2655 LEJEUNE ROAD  
STE 1000  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1987

4. FEI Number

65-0071720

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALE, MICHAEL H.

3250 MARY ST

SUITE 303

MIAMI FL 33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME SEPULVEDA, BERNARDO  
STREET ADDRESS 2655 LEJEUNE RD, 1000  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPAT ☐ DELETE

NAME SANCHEZ, MANUEL  
STREET ADDRESS 2655 LEJEUNE RD, 1000  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPT ☐ DELETE

NAME MONTANO, SERGIO  
STREET ADDRESS 2655 LEJEUNE RD, 1000  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VAS ☐ DELETE

NAME MARIN, ERNESTO  
STREET ADDRESS 2655 LEJEUNE RD, 1000  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DP ☐ DELETE

NAME ZARATE, LUIS  
STREET ADDRESS 2655 LEJEUNE RD, 1000  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPS ☐ DELETE

NAME SERINA, QUIRICO  
STREET ADDRESS 2655 LEJEUNE RD, 1000  
CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

(305) 462-0427

Date

Daytime Phone #

CR2E034 (1/98)