2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 01, 2005 08:00 AM Secretary of State

| DOCUMENT # K01538 * 1. Entity Name ICA CONSTRUCTION CORPORATION | |
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| Principal Place of Business 2655 LEIEUNE ROAD STE 120 CORAL GABLES, FL 33134 US Mailing Address 908 TOWN & COUNTRY BLV #120 HOUSTON, TX 77024 U | |

| CORAL GABLE | S, FL 33134 US | HOUSTON, TX 77024 US | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------|---------------------------------|-------------------------|-----------------------------------------------------------------------------|--|
| D | O NOT WRITE I | N THIS SPAC | CE | 06282005 4. FEI Number 65-0071 | No Chg-P | CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current Reg | istered Agent | | 5 , , . | | | |
| MALE, MICHAEL H. 3250 MARY ST SUITE 303 MIAMI, FL 33133 | | | DO NOT WRITE IN THIS SPACE | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and til | tie if applicable. (NOTE Registere | d Agent signature required | when reinstaling) | · | DATE | |
| | E NOW!!! FEE IS \$550.00 le by September 7, 2005 | 9. Election.Campaign Finar Trust Fund Contribution. | | .00 May Be led to Fees | | · | |
| 10. | OFFICERS AND DIR | ECTORS | | | | | |
| TITLE NAME STREET ADDRESS CKTY-ST-ZIP | VP SEPULVEDA, BERNARDO 2655 LEJEUNE RD, 1000 CORAL GABLES FL, 33134 | | | | U0000 | 00375275 5-80012-005 550.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HERNANDEZ, ANTONIO 2655 LEJEUNE RD, 1000 CORAL GABLES, FL 33134 | * | | 14 | 명 표합·사사, 얼얼스 (*) 사 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT MONTANO, SERGIO 2655 LEJEUNE RD, 1000 CORAL GABLES, FL 33134 | | DO NOT WRITE IN THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VIDAL, ULISES 1424 W SAM HOUSTON STE 180 HOUSTON, TX 77043 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GUERRERO, JOSE L 2655 LEJEUNE RD, 1000 CORAL GABLES, FL 33134 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS SERINA, QUIRICO 2655 LEJEUNE RD, 1000 CORAL GABLES, FL 33134 Petito that the information supplied with this | | | | | · · · · · · · · · · · · · · · · · · · | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4. HERNANDEZ

7-27-05 (713)9847

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