

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

FILED

97 SEP 25 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

| | |
|-----------------------------------|---------------------------------|
| DOCUMENT # 1. Corporation Name | L07476 ICA Enterprises, Inc. |
|-----------------------------------|---------------------------------|

| | |
|---|-----------------|
| Principal Place of Business | Mailing Address |
| 16600 NW 1 Street Pembroke Pines, FL 33028 | ← Same |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 8/4/89 | |
| 4. FEI Number | Applied For |
| 65-0181218 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| Trust Fund Contribution | <input type="checkbox"/> |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| |
|--|
| 9. Name and Address of Current Registered Agent |
| Raquel Gonzalez 16600 NW 1 Street Pembroke Pines, FL 33028 |

| |
|---|
| 10. Name and Address of New Registered Agent |
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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.

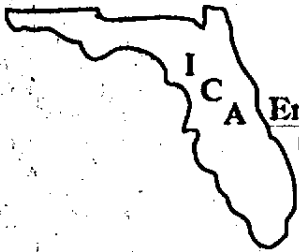
SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------|
| TITLE | Director |
| NAME | Julio M. Gonzalez |
| STREET ADDRESS | 16600 N.W. 1 Street |
| CITY-ST-ZIP | Pembroke Pines, FL 33028 |
| TITLE | Director |
| NAME | Raquel Gonzalez |
| STREET ADDRESS | 16600 N.W. 1 Street |
| CITY-ST-ZIP | Pembroke Pines, FL 33028 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 700002306947--2 |
| 1.3 STREET ADDRESS | -09/29/97--01188--007 |
| 1.4 CITY-ST-ZIP | ****165.00 ****165.00 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.

SIGNATURE: Raquel Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/24/97 433-9353



ICA Enterprises Inc.

RESIDENTIAL & COMMERCIAL ALARMS

STATE LICENSED & INSURED

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September 15, 1997

Annual Reports Fillings
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Department of State:

Enclose I am resubmitting my Annual Report for 1997 which apparently got lost in the mail or in the paperwork. My Accountant advised me that the check made out to your office was still outstanding and when I called your office neither my Annual Report nor my check was noted as being filed.

Please allow me to resubmitted my Annual Report at this time.

Copy of the Annual Report is enclosed and has been resigned.

Thank you very much for your cooperation in this matter.

Would you also be so kind as to fax a Detail Record as soon as you file this Annual Report to (954) 433-9353.

Very truly yours,

RAQUEL GONZALEZ
Director