

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M17847 (8)

1. Corporation Name
I.C.M. CLEARING CO., INC.

Principal Place of Business
~~800 LESLIE DR. #430~~
~~HALLANDALE FL 33009~~
US

Mailing Address
~~800 LESLIE DR. #430~~
~~HALLANDALE FL 33009-7814~~
US



2. Principal Place of Business

21 12864 BISCAYNE BLVD

Suite, Apt. #, etc.

22 # 200

City & State

23 NORTH MIAMI, FL

Zip

24 33181

Country

25 USA

2a. Mailing Address

26 12864 BISCAYNE BLVD

Suite, Apt. #, etc.

27 # 200

City & State

28 NORTH MIAMI, FL

Zip

29 33181

Country

30 USA

3. Date Incorporated or Qualified
07/10/1985

3a. Date of Last Report
05/10/1996

4. FEI Number
59-2551303

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARDIN, ISIDRO
~~800 LESLIE DR. #430~~ 12864 BISCAYNE BLVD #200
~~HALLANDALE FL 33009~~ N. MIAMI, FL 33181

10. Name and Address of New Registered Agent

81 Name CARDIN, ISIDRO
82 Street Address (P.O. Box Number is Not Acceptable) 12864 BISCAYNE BLVD # 200
83 NORTH MIAMI, FL 33181
84 City FL 85 Zip Code 33181

NEW ADDRESS only

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARDIN, ISIDRO	
STREET ADDRESS	800 LESLIE DR. #430	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARDIN, ISIDRO	
1.3 STREET ADDRESS	12864 BISCAYNE BLVD #200	
1.4 CITY - ST - ZIP	NORTH MIAMI, FL 33181	
2.1 TITLE	S.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARDIN, MARY	
2.3 STREET ADDRESS	12864 BISCAYNE BLVD #200	
2.4 CITY - ST - ZIP	NORTH MIAMI, FL 33181	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97 (305)342-5264

CR2E034 (9/96)