FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:40

DOCUMENT # **M49573** **(2)**

1. Corporation Name
INTERNATIONAL COMMERCIAL REALTY CORPORATION

Principal Place of Business	Mailing Address
C/O CAMILO B. AGUIRRE JR 4812 SW 74TH COURT23 MIAMI FL 33155	C/O CAMILO B. AGUIRRE JR 4812 SW 74TH COURT23 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/02/1987**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business	2a. Mailing Address
21 3550 BISCAYNE BOULEVARD	26 3550 BISCAYNE BOULEVARD
Suite, Apt. #, etc. 22 715	Suite, Apt. #, etc. 27 715
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL
Zip 24 33137	Zip 29 33137
Country 25 U.S.A.	Country 30 U.S.A.

4. FEI Number: **59-2819002** ☐ 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	10. Name and Address of New Registered Agent
AGUIRRE, CAMILO B. JR 14335 LAKE CANDLEWOOD CT. MIAMI LAKES FL 33014	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	AGUIRRE, CAMILO B. JR	12 NAME	
STREET ADDRESS	14335 LAKE CANDLEWOOD CT	13 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	14 CITY ST ZIP	
TITLE	SV	21 TITLE	☐ Change ☐ Addition
NAME	AGUIRRE, CAMILO B. JR	22 NAME	
STREET ADDRESS	14335 LAKE CANDLEWOOD CT	23 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: CAMILO AGUIRRE 3/25/95 305-576-7078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0436488 FP