FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on a

SIGNATURE:

Jul 10, 2001 8:00 am Secretary of State DOCUMENT # P00000048525 07-10-2001 90115 028 ***550 00 INTERNATIONAL CONSTRUCTION MARKET, INC. Principal Place of Business Mailing Address 4878 S.W. 74TH COURT 4878 S.W. 74TH COURT M1AMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BURNS, RICHARD** Street Address (P.O. Box Number is Not Acceptable) 1500 N.W. 107TH AVE., #200 **MIAMI, FL 33172** City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Addition TITLE ☐ Delete TITLE ☐ Change WELSCH, PAUL NAME NAME 4878 S.W. 74TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP ☐ Change ☐ Addition TITLE STD ☐ Delete NAME DEANE, CLAUDIO NAME STREET ADDRESS STREET ADDRESS CALLE 72 CON AVENIDA 3B, EDIFICIO, APTL 5 CITY-ST-ZIP MARACAIBO, VENEZUELA CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 of the faceline or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

other like empowered