FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1	1996	DIVISION OF	CORPORATIONS		
DOCUN 1. Corporation	/ENT # P9400	00057970 (3)		
INTER	RNATIONAL CONSTRUCTIO	N PRODUCTS, INC.			
Principal Place of Business		Mailing Address		1 10\$1000 110 \$5111 01016 00141 01	4114 00111 00101 01411 10019 10111 10041 0014 1001
10851 NW 33 ST		10851 NW 33 ST			
CORAL SPRINGS FL 33065 US		CORAL SPRINGS FL 33065 US			
				3. Date Incorporated or Qualified 08/05/1994	3a. Date of Last Report 02/20/1995
2. Principal Plac	ce of Business	2a. Mailing Address 26		4. FLI Namber 65-0509638	Applied For Not Applicable
21 Suite, Apt. #,	, elc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zιρ	Country	Zíp	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	[25]	29	30	Floridia Statutes 🔲 Yes	5 (X (No
	g. Name and Address of Current	! Hegisterea Agent	81 Name	10. Name and Address of New F	
THE LA	AW FIRM OF LAWRENCE J. SPIE	EGEL, CHART	82 Street Ad	1/6 <i>UEL DEQUEUE</i> tdrass (P.O. Box Number is Not Acceptat	i pO
D/B/A A	amerilawyer	·	108	ddress (P.O. Box Number is Not Acceptal 351 W.W. 33.co	ST.
	.MERIA AVE. _ GABLES FL 33134		83		
CONAL	. GADLES FL 33134	•	84 City	KAL SPRIJES	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 60 5502	and 607.1508, Florida Statut	es, the above named con	poration submits this statement for the pu	
		.a. Such change was authoriz on 607.0505, Florida Statutes	ed by the согралавал в га 3.	poration submits this statement for the pu pard of directors. Thereby accept the app	oritment as registered agent. Fam
SIGNATURE	Synature, typed Synthiag ago of registered agont a	and the flaggicable (NC	OTE: Plugeslered Aljent signature requ	med which remeduring	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	MURPHY, DANIEL A	DECETE	1 ' FILE 12 NAME		Change Addition
NAME STREET ADORESS	5269 N.W. 59 AVE.		13 STREET ADDRESS		
CITY-\$1-ZIP	PARKLAND FL 33067		14 C TY-ST-Z-P	magnegar again and a second and an annual	
THLE		☐ DEFELE	2 MILLE	VP/O	Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	MIGUEL DEQUEVE 10851 N.W. 3320	90 ST
CITY-S1-7IP			24 CITY - ST - ZIP	WRAL SPRINGS FL	33065
TITLE		[]] DELFTE	3 1 TITLE		Change Addition
NAME expert appreces			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STHEET ADDRESS 3.4 CHY-ST-ZIP		
TITLE		DELETE	4. 1 TITLE		Change Addition
NAME:			4.2 NAME		
STREET ANDRESS			43 STREET ADDRESS		
C TY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		□ A mide □ veer 1 :
STREET ADDRESS			5 3 STREET ADORESS		
CrTY - ST - ZiP			5 4 CITY - \$1 - ZIP		
TITLE.		DELETE	6 TTALE		Change Addition
NAME.			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CHY+ST-ZIP		
14. I do hereby	y certify that the information supplied v	vith this fling is voluntarily furr	nished and does not qualif	y for the exemption stated in Section 119	0.07(3)(k), Fiorida Statutes. I further
certify that oath: that I	the information indicated on this annul I am an officer or director of the corpo Block 12 or Block 13 if changed, or p	ial report or supplemental ann ration op tip receiver or truste	iual report is true and accu se empowered to execute	úrate and that my signature shall have tho this report as required by Chapter 607, f	same legal effect as if made under lorida Statutes; and that my name
appears wi	Block it of Block to It offerigoti, by				(1<)

SIGNATURE: SIGNATURE AND DATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

(305) 346-0863 Daytine Phone #