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Feb 05 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 # P94000078251 (3)

1. Corporation Name
ICON INVESTMENTS ENTERPRISES, INC.



Principal Place of Business
9735 NW 27 AVE
MIAMI FL 33147

Mailing Address
3010 NW 101 ST
MIAMI FL 33147-1628
US

3. Date Incorporated or Qualified
10/25/1994

3a. Date of Last Report
05/09/1996

2. Principal Place of Business
21 9735 NW 27 AVE

2a. Mailing Address
26 3010 NW 101st

4. FEI Number
65-0531312

Applied For
 Applied For
 Not Applicable

22 Suite, Apt #, etc.
miami

27 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
Florida

28 City & State
miami, A.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip
33147

25 Country
DADE

29 Zip
33147

30 Country
DADE

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

DOMINGUEZ, EFRAIN
11410 N KENDALL DR
SUITE 302
MIAMI FL

81 Name
same

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 *Reinaldo Ruiz* (NOTE: Registered Agent signature required when reinstating) DATE *Jan 7, 96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUIZ, REINALDO	
STREET ADDRESS	3010 NW 101 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	RUIZ, LUZ M	
STREET ADDRESS	3001 NW 101ST	
CITY - ST - ZIP	MIAMI FL	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	TREASURE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LUZ MARIA RUIZ
2.3 STREET ADDRESS	3001 N.W. 101 st
2.4 CITY - ST - ZIP	MIAMI FL. 33147
3.1 TITLE	TREASURE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Omaira Figuerola
3.3 STREET ADDRESS	3010 N.W. 101 st
3.4 CITY - ST - ZIP	MIAMI FL. 33147
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: *Reinaldo Ruiz* (NOTE: Registered Agent signature required when reinstating) DATE: *Jan 7, 96*

CR2E034 (9/96)