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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000078251

1. Corporation Name
ICON INVESTMENTS ENTERPRISES, INC.



Principal Place of Business
 9735 N.W. 27 AVE.
 MIAMI FL 33147
 US

Mailing Address
 3010 N.W. 101TH
 MIAMI FL 33147
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2455 NW 99ST
 Suite, Apt. #, etc.

22 City & State

27 City & State
 MIAMI FL

23 Zip Country

28 33147 30 U.S.

3. Date Incorporated or Qualified

10/25/1994

4. FEI Number

65-0531312

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

DOMINGUEZ, EFRAIN
 11410 N KENDALL DR
 SUITE 302
 MIAMI FL

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME RUIZ, REINALDO
 STREET ADDRESS 3010 NW 101 ST
 CITY-ST-ZIP MIAMI FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 2455 NW 99 ST
 1.4 CITY-ST-ZIP MIAMI FL 33147

TITLE S DELETE
 NAME RUIZ, IUZ MARIA
 STREET ADDRESS 3001 N.W. 101ST
 CITY-ST-ZIP MIAMI FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE T DELETE
 NAME FIGUEROA, OMAIRA
 STREET ADDRESS 3010 N.W. 101ST
 CITY-ST-ZIP MIAMI FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS 800 NW 101st
 3.4 CITY-ST-ZIP MIAMI FL 33150

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

4/2/99 305 694 0993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)