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Jan 22 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 # P96000040426 (4)

1. Corporation Name
ICV USA, INC.

Principal Place of Business
13755 S.W. 90TH AVENUE
SUITE S-106
MIAMI FL 33176

Mailing Address
13755 S.W. 90TH AVENUE
SUITE S-106
MIAMI FL 33176-6901



3. Date Incorporated or Qualified 05/10/1996	3a. Date of Last Report
4. FEI Number 650665691	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent

ROJAS, KARINA
13755 S.W. 90TH AVE.
SUITE S-106
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name	KARINA ADDARI
82 Street Address (P.O. Box Number is Not Acceptable)	360 NW 191 St.
83	
84 City	MIAMI
85 Zip Code	FL 33169

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: *Karina Addari* (NOTE: Registered Agent signature required when reinstating) DATE: 01/06/97.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ROJAS, ALISKAIR	1.1 TITLE	
NAME	13755 S.W. 90TH AVE. SUITE S-106	1.2 NAME	
STREET ADDRESS	MIAMI FL 33176	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D ROJAS, KARINA	2.1 TITLE	S ADDARI, KARINA
NAME	13755 S.W. 90TH AVE. SUITE S-106	2.2 NAME	360 NW 191 St
STREET ADDRESS	MIAMI FL 33176	2.3 STREET ADDRESS	MIAMI FL 33169
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D LOZANO, JAIRO	3.1 TITLE	
NAME	13755 S.W. 90TH AVE. SUITE S-106	3.2 NAME	
STREET ADDRESS	MIAMI FL 33176	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	D PEREZ, IGNACIO
NAME		4.2 NAME	13755 SW 90th AVE SUITE S-106
STREET ADDRESS		4.3 STREET ADDRESS	MIAMI FL 33176
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Aliskair Rojas* 01/06/97 (305) 254-3869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)