

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 19, 1998 8:00 am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1996

4. FEI Number

65-0665691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 9445 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

22 SUITE 105

City & State

23 MIAMI FL

Zip

24 33172

Country

25 USA

2a. Mailing Address

26 9445 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

27 SUITE 105

City & State

28 MIAMI FL

Zip

29 33172

Country

30 USA

9. Name and Address of Current Registered Agent

ADDARI, KARINA  
360 NW 191 ST  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

ALISKAIR ROJAS

82 Street Address (P.O. Box Number is Not Acceptable)

9445 FONTAINEBLEAU BLVD

83

SUITE 105

84 City

MIAMI

FL

85 Zip Code

33172

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

Aliskair Rojas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/06/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
STREET ADDRESS ROJAS, ALISKAIR  
CITY-ST-ZIP 13755 S.W. 90TH AVE. SUITE S-106  
MIAMI FL 33176

TITLE ☒ DELETE

NAME ADDA  
STREET ADDRESS RI, KARINA  
CITY-ST-ZIP 360 NW 191 ST  
MIAMI FL

TITLE ☒ DELETE

NAME D  
STREET ADDRESS LOZANO, JAIRO  
CITY-ST-ZIP 13755 S.W. 90TH AVE. SUITE S-106  
MIAMI FL 33176

TITLE ☐ DELETE

NAME D  
STREET ADDRESS PEREZ, IGNACIO  
CITY-ST-ZIP 13755 SW 90TH AVE., SUITE S-106  
MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE: Aliskair Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/98

Date

(305) 223-2803

Daytime Phone #

0245405

CR2E034 (10/97)