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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700004836

1. Corporation Name

ICON GENERAL, INC.

Principal 1	Place	of	Business

11982 S.W. 15TH STREET PEMBROKE PINES FL 33025 Mailing Address

11982 S.W. 15TH STREET PEMBROKE PINES FL 33025

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90019 029 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/16/1997 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0723673 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BAKER, REID S Street Address (P.O. Box Number is Not Acceptable) 3990 SHERIDAN STREET

3990 SHERIDAN STREET SUITE 104 HOLLYWOOD FL 33021

83

84 City

FL 85 Zip Code

of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

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.

(NOTE: Registered Agent signature req Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE ☐ Change 1,1 TITLE TITLE RUIZ, RUBEN 1.2 NAME NAME 11982 S.W. 15TH STREET 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE RUIZ, JOSE 2.2 NAME NAME 11982 S.W. 15TH STREET 2.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition STD 3.1 TITLE TITLE RUIZ, FELIX 3.2 NAME NAME 11982 S.W. 15TH STREET 3.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 13 if chapted, e.g. on an attachment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.23.99

954.430.543

Daytime Phone i

CR2E034 (11/98)