2001 UNIFORM BUSINESS REPORT (UBR)					FILED 4 nm 13 2001 8:00 am			
DOCUMENT # P97000037581 1. Entity Name					Apr 13, 2001 8:00 am Secretary of State			
INDICO CORP.					04-13-2001 90004 0			
Principal Plac	ce of Business	Mailing Address	<u></u> .					
		2401 SW 31 AVE			9.4	3104		
CS PEMBROKE FL 33009 US		C5 PEMBROKE PARK FL 33009 US						
2. Principal Place of Business 2401 SW 315+ AVE		3. Mailing Address 2401 Sw 315+ Au.						
Suite, Apt. #, etc. 54 17€ A-4		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
PEMBROKE PARK, FL.		PEMBROLE PARK, FL.			4. FEI Number 65-0751042 Applied For Not Applicable			
- ^{Zip} 330	Country '	-33009	Country		5. Certificate of Status Desired	\$8.75 Add		
250	6. Name and Address of Current R		1		7. Name and Address of New Registered	<u> </u>	-	
UED			Name	Hei	RRERA JOSE 1			
HERRERA, JOSE L 830 NW 210 ST			Street A	Address (P.C	O. Box Number is Not Acceptable) NTRA CO ASTAL Dr.			
APT 106			#	6G.		(2.2		
MIAI	WI FL 33169		FÖΩ	T LAU	IDERDALE, FI	Zip Code	304	
8. The above	named entity submits this statement for t	the purpose of changing its re						
SIGNATURE	Signature, the during printed name of registered agent and	Take #Enne	Registered Agent signat	ture required wh	O4/10 DATE	101.		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable				550.00	10. Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
11.	OFFICERS AND D	RECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AN		3 IN 11	_
TITLE NAME	PD	Delete -	TITLE · · · · ~	PD	 0-0, tos= 1	Change	Addition	(10/00)
STREET ADDRESS	HERRERA, JOSE L 830 N.W. 210 ST APT 106		STREET ADDRESS	936	RERA JOSE L. INTRACOASTAL DI	2. #6	u .	7
CITY-ST-ZIP	MIAMI FL 33169	Delete	CITY-ST-ZIP	FORT	LAU DERDA LE, FL.	3330 € X Change	Addition	CR2E03
NAME	HERRERA, RAFAEL A	Li Delete	NAME	SD	RERA RAFAEL A.		Addition	ರ
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	HALLANDALE, FL. 33009.				
TITLE NAME		☐ Delete	TITLE NAME		·	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	Ì				
TITLE		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	ł			}	~
CITY-ST-ZIP			CITY-ST-ZIP	L				
TITLE NAME~		☐ Delete	TITLE NAME	 		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS		The Part of the Control of the Control	-		٠.
TITLE		☐ Delete	TITLE	<u> </u>		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
indicated	on this report of supplemental report is tr	He and accurate and that my	Signature shall h:	ave the sam	on 119.07(3)(i), Florida Statutes. I further ce ne legal effect as if made under oath; that I lorida Statutes; and that my name appears	am an officar c	or director	
SIGNAT		TED NAME OF SIGNING OFFICER OR	HET212ET	72.A	04/10/01 (954)	1)648. Z Daytime Phone #	674	