

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

FILED  
Sep 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000090419 (7)**

1. Corporation Name  
**ICA GLOBAL TRADING CORP.**

Principal Place of Business <b>2331 KEYSTONE BLVD., KEYSTONE ISLAND MIAMI FL 33181-2406</b>	Mailing Address <b>2331 KEYSTONE BLVD., KEYSTONE ISLAND MIAMI FL 33181-2406</b>
--	--



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>10/20/1997</b>	4. FEI Number <b>65-0837 223</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees				

9. Name and Address of Current Registered Agent <b>HEYDASCH, AXEL 100 N. BISCAYNE BLVD., 30TH FLOOR MIAMI FL 33131</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AURACHER, ANNE-KATHRIN</b>	1.2 NAME	
STREET ADDRESS	<b>RESIDENZ SCHLOB EDESHEIM, LUITPOLDSTRABE 9</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>67483 EDESHEIM GERMANY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDINGER, MICHAEL G</b>	2.2 NAME	
STREET ADDRESS	<b>RESIDENZ SCHLOB EDESHEIM LUITPOLDSTRABE 9</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>67483 EDESHEIM GERMANY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEYDASCH, AXEL ESQ.</b>	3.2 NAME	
STREET ADDRESS	<b>100 N. BISCAYNE BLVD., SUITE 3000</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33132-2305</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 **A. Auracher** **HEYDASCH, ANNE-KATHRIN** **12.8.98**

CR2E034 (10/97)