PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000093673**1. Corporation Name

ICARO CORP.

Principal Place of Business

7301 N.W. 12 STREET MIAMI FL 33126 Mailing Address

7301 N.W. 12 STREET MIAMI FL 33128

US

FILED Apr 23, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE

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							10/31/1997				
2. Principal P	lace of Business	2a, Mailing	g Address				El Number		<u> </u>	Applied For	
21		26					35-0791452			Not Applicat	
Suite, Apt.	#, etc.	Suite, a	Apt. #, etc.			5. C	ertifcate of Status Desir	ed 🗀		5 Additional Required	
City & Stat	e	City &	State			8. E	lection Campaign Finan	cing _	\$ 5.	00 May Be	
23		28			. ,		rust Fund Contribution	- 🗔		led to Fees	
Zip	Country	Zip		Count	y	8. T	his corporation owes the	ourrent ye	ar Intangible		
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<u></u>	9. Name and Address of Current	Registered A	gent			10. N	iame and Address of h	New Regist	ered Agent		
				8	1 Name	CA 7	(OAO D				
SOUZA, TEREZA				}_	2 Street		SA, JOAO B				
	BISCAYNE BLVD #6M	l'			82 Street Address (P.O. Box Nurriber is Not Acceptable) 200 BISCAYNE BLVD # 6M						
MIAI	MI FL 33131			ā	3						
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	/			8		TAMT ET				Zip Code 33131	
	to the provisions of Sections 607.0\$02	- 1 coz 1#0	Electric Statutos	the ebs	vo comed	IAMI FL	ubmite this statement for	or the Ourno	se of changing	n Its registered	
11. Pursuant office or r	to the provisions of Sections 607.0902 egistered agent, or both, in the State o	and 607.1909 of Florida. Such	, rjonda siatutes i change was aut	horized b	y the corpo	oration's boar	d of directors. I hereby	accept the	appointment a	s registered	
agent. I a	to the provisions of Sections 607.0302 egistered agent, or both, in the State of m familiar with, and accept the obligation	ions of Section	_, 607.0505, Florid	ia Statute	s.						
SIGNATURE		V	·								
	Signature, typed or printed name of registered agent	and title if poplicable	e. (NOTE: F	legistered A	ent signature r	required when rein		DA			
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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 em 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND THESE OF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Date

Daytime Phone #