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Apr 30, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000026286

1. Corporation Name
INDUSTRIAL CONSULTING OF AMERICA CORPORATION

Principal Place of Business
80 SW 8TH STREET
SUITE 2077
MIAMI FL 33130

Mailing Address
80 SW 8TH STREET
SUITE 2077
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1998

4. FEI Number

65-0820629

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 the current year Intangible Personal Property Tax.

☐

Yes

No

2. Principal Place of Business
21 2555 Collins Avenue

2a. Mailing Address
26 2555 Collins Avenue

Suite, Apt. #, etc.
22 Suite # 1001

Suite, Apt. #, etc.
27 Suite # 1001

City & State
23 Miami Beach, FL

City & State
28 Miami Beach, FL

Zip Country
24 33140 25 USA

Zip Country
29 33140 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGRAMUNT, LUIS
80 SW 8TH STREET
SUITE 2077
MIAMI FL 33130

81 Name

Luis Agramunt

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

1221 Brickell Avenue

83 Suite #1100

84 City miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-28-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MIGUEL RIVAS RUBIN, SALVADOR
STREET ADDRESS 80 SW 8TH STREET
CITY-ST-ZIP MIAMI FL 33130

1.1 TITLE President
1.2 NAME Salvador miguel Rivas Roblin
1.3 STREET ADDRESS 2555 Collins Ave., #1001
1.4 CITY-ST-ZIP miami Beach, FL. 33140

TITLE D
NAME URQUIOLA MANZANOS, LUIS MARIA
STREET ADDRESS 80 SW 8TH STREET
CITY-ST-ZIP MIAMI FL 33130

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALVADOR RIVAS RDA 6-28-99 305-333-5802

Date

Daytime Phone #

CR2E034 (11/98)