FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 23 PM 1:42

DOCUMENT # **V44779** **(9)**

1. Corporation Name

I.C.S.A. CORP.

Principal Place of Business	Mailing Address
4080 WOODRIDGE RD MIAMI FL 33133 US	4080 WOODRIDGE RD MIAMI FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1992	3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0347451	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CALAFELL, ANTONIO
4080 WOODRIDGE RD
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: LAURA CALAFELL
82 Street Address (P.O. Box Number is Not Acceptable): 4080 Woodridge Road
83
84 City: Miami FL 85 Zip Code: 33133

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: Laura B. Calafell LAURA CALAFELL President 3/23/95
(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	D	11 TITLE	T, S ☒ Change ☒ Addition
NAME	CALAFELL, ANTONIO	12 NAME	JAVIER CALAFELL
STREET ADDRESS	4080 WOODRIDGE RD	13 STREET ADDRESS	4080 Woodridge Road
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Fl. 33133
TITLE		21 TITLE	V ☐ Change ☒ Addition
NAME		22 NAME	Esteban CALAFELL
STREET ADDRESS		23 STREET ADDRESS	4080 Woodridge Road
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, Fl. 33133
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Esteban Calafell Esteban Calafell, Vice President 3/23/95 (305) 666-0596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Javier Calafell JAVIER CALAFELL, Secretary & Treasure 3/22/95

0136400 CP