

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

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Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V44779** (9)  
1. Corporation Name  
**I.C.S.A. CORP.**



Principal Place of Business <b>4080 WOODRIDGE RD</b>  <b>MIAMI FL 33133</b> <b>US</b>	Mailing Address <b>4080 WOODRIDGE RD</b>  <b>MIAMI FL 33133-6618</b> <b>US</b>
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3. Date Incorporated or Qualified <b>06/19/1992</b>	3a. Date of Last Report <b>04/17/1996</b>
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2. Principal Place of Business <b>I.C.S.A. Corp.</b> <b>4080 Woodridge Rd.</b> <b>Miami, FL 33133</b>	2a. Mailing Address <b>I.C.S.A. Corp.</b> <b>4080 Woodridge Rd.</b> <b>Miami, FL 33133</b>	4. FEI Number <b>65-0347451</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
22. City & State	27. City & State	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23. Zip	28. Zip		
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**CALAFELL, LAURA**  
**4080 WOODRIDGE ROAD**  
**MIAMI FL 33133**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TSD CALAFELL, JAVIER 4080 WOODRIDGE ROAD MIAMI FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
V CALAFELL, ESTEBAN 4080 WOODRIDGE ROAD MIAMI FL	1.2 NAME
	1.3 STREET ADDRESS
	1.4 CITY - ST - ZIP
	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME
	2.3 STREET ADDRESS
	2.4 CITY - ST - ZIP
	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	3.2 NAME <b>PRESIDENT</b>
	3.3 STREET ADDRESS <b>LAURA B. CALAFELL</b>
	3.4 CITY - ST - ZIP <b>4080 WOODRIDGE ROAD</b>
	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME
	4.3 STREET ADDRESS
	4.4 CITY - ST - ZIP
	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME
	5.3 STREET ADDRESS
	5.4 CITY - ST - ZIP
	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME
	6.3 STREET ADDRESS
	6.4 CITY - ST - ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *Laura B Calafell* **Laura B CALAFELL** 4/1/97 307 / 6650596  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0177464