

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003373

Entity Name: SICE, INC.

Current Principal Place of Business:

TWO ALHAMBRA PLAZA
SUITE 1106
CORAL GABLES, FL 33134

Current Mailing Address:

TWO ALHAMBRA PLAZA
SUITE 1106
CORAL GABLES, FL 33134

FEI Number: 20-8429863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title VP
Name BUENO, ANGEL A
Address TWO ALHAMBRA PLAZA, SUITE 1106
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name DE LA HERA, JOSE MARIA
Address TWO ALHAMBRA PLAZA, SUITE 1106
City-State-Zip: CORAL GABLES FL 33134

Title SEC
Name DE LA HERA, JUAN
Address TWO ALHAMBRA PLAZA. SUITE 1106
City-State-Zip: CORAL GABLES FL 33134

Title CFO
Name DE LA HERA, JUAN L
Address TWO ALHAMBRA PLAZA. SUITE 1106
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name CASASUS, RAFAEL
Address TWO ALHAMBRA PLAZA, SUITE 1106
City-State-Zip: CORAL GABLES FL 33134

Title PRES
Name GARCIA DE CASTRO, JOSE IGNACIO
Address TWO ALHAMBRA PLAZA, SUITE 1106
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name CARRERA, LUIS
Address TWO ALHAMBRA PLAZA, SUITE 1106
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUAN DE LA HERA

SECRETARY

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date