

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

1-2

PROFIT,  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # K01538 (3)**

1. Corporation Name  
**ICA CONSTRUCTION CORPORATION**



Principal Place of Business: **2655 LEJEUNE ROAD STE 908 CORAL GABLES FL 33134 US**  
Mailing Address: **2655 LEJEUNE ROAD STE 908 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **11/09/1987**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0071720**  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

**9. Name and Address of Current Registered Agent**

**MALE, MICHAEL H.  
3250 MARY ST  
SUITE 303  
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 **FL** 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**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESPELETA, ALFONSO	
STREET ADDRESS	2655 LE JEUNE RD #908	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VAST	<input type="checkbox"/> DELETE
NAME	INDERBITZIN, ERNESTO	
STREET ADDRESS	2655 LE JEUNE RD #908	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SALVOCH, MANUEL	
STREET ADDRESS	2655 LE JEUNE RD #908	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GUERRERO, JOSE L	
STREET ADDRESS	2655 LE JEUNE RD #908	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VAST	<input type="checkbox"/> DELETE
NAME	VALLES, RODOLFO	
STREET ADDRESS	2655 LE JEUNE RD #908	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	Quirico Serina Serina, Quirico	
STREET ADDRESS	2655 Lejeune Rd, 908	
CITY-ST-ZIP	Coral Gables, FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>500001840325</b>
4.3 STREET ADDRESS	<b>-05/28/96--01023--002</b>
4.4 CITY-ST-ZIP	<b>***1575.00</b>
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 checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** *[Signature]* **Ernesto Marin** 5/31/96 442-0424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

KD1538

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12A Construction Corp.

Fei NO: 65-0071720

Addition

title: V/AS

name: Hidalgo-Monroy, Luis  
2655 LeJeune Rd., Ste 908  
Coral Gables, FL 33134

Addition

title: V

name: Maciel, Cristobal  
2655 LeJeune Rd, Ste 908  
Coral Gables, FL 33134

Addition

title: V

Canseco, Hector  
2655 LeJeune Rd., Ste 908  
Coral Gables, FL 33134

Addition

title: VAS

Marin, Ernesto  
2655 LeJeune Rd, Ste. 908  
Coral Gables, FL 33134

Addition

title: AS

Whitaker, Ofelia  
2655 LeJeune Rd., Ste 908  
Coral Gables, FL 33134

Addition

title: AS

title: AS  
Ramirez, Miguel Angel  
2655 LeJeune Rd., Ste. 908  
Coral Gables, FL 33134

Addition

title: V

Zaltzman, Mark  
2655 LeJeune Rd, Ste. 908  
Coral Gables, FL 33134