

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K01538**

1. Entity Name
ICA CONSTRUCTION CORPORATION

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90020 001 ***150.00

Principal Place of Business 2655 LEJEUNE ROAD STE 1000 CORAL GABLES FL 33134 US	Mailing Address 2655 LEJEUNE ROAD STE 1000 CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1424 WEST SAM HOUSTON Suite, Apt. #, etc. 180
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City & State HOUSTON, TX.	4. FEI Number 65-0071720	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 77043	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**MALE, MICHAEL H.
3250 MARY ST
SUITE 303
MIAMI FL 33133**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE VP	<input type="checkbox"/> Delete
NAME SEPULVEDA, BERNARDO	
STREET ADDRESS 2655 LEJEUNE RD, 1000	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE VPAT	<input checked="" type="checkbox"/> Delete
NAME SANCHEZ, MANUEL	
STREET ADDRESS 2655 LEJEUNE RD, 1000	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE VPT	<input type="checkbox"/> Delete
NAME MONTANO, SERGIO	
STREET ADDRESS 2655 LEJEUNE RD, 1000	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE VAS	<input checked="" type="checkbox"/> Delete
NAME MARIN, ERNESTO	
STREET ADDRESS 2655 LEJEUNE RD, 1000	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE DP	<input checked="" type="checkbox"/> Delete
NAME ZARATE, LUIS	
STREET ADDRESS 2655 LEJEUNE RD, 1000	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE VPS	<input type="checkbox"/> Delete
NAME SERINA, QUIRICO	
STREET ADDRESS 2655 LEJEUNE RD, 1000	
CITY-ST-ZIP CORAL GABLES FL 33134	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HERNADEZ, ANTONIO	
STREET ADDRESS 2655 LEJEUNE RD. STE. 1000	
CITY-ST-ZIP CORAL GABLES, FL. 33134	
TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VIDAL, ULISES	
STREET ADDRESS 1424 WEST SAM HOUSTON, STE. 180	
CITY-ST-ZIP HOUSTON, TX. 77043	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GUERRERO, JOSE L.	
STREET ADDRESS 2655 LEJEUNE RD, STE. 1000	
CITY-ST-ZIP CORAL GABLES, FL. 33134	
TITLE V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SALINAS, FERNANDO	
STREET ADDRESS 1424 WEST SAM HOUSTON. STE. 180	
CITY-ST-ZIP HOUSTON, TX. 77043	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with an office, like employer, etc.

SIGNATURE: **FERNANDO SALINAS** 01-28-00 (713) 464-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)