

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 08, 1999 8:00 am
Secretary of State

02-08-1999 90039 047 ***150.00

DOCUMENT # L27636

1. Corporation Name
ICATECH CORPORATION

Principal Place of Business

2655 LEJEUNE RD
STE 1000
CORAL GABLES FL 33134
US

Mailing Address

2655 LEJEUNE RD
STE 1000
CORAL GABLES FL 33134
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1989

4. FEI Number

65-0169691

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

22 City & State

23 Zip Country

4 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME SEPULVEDA, BERNARDO
STREET ADDRESS 2655 LEJEUNE RD STE 1000
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPT ☐ DELETE

NAME MONTANO, SERGIO
STREET ADDRESS 2655 LEJEUNE RD STE 1000
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PD ☐ DELETE

NAME ZARATE, LUIS
STREET ADDRESS 2655 LEJEUNE RE STE 1000
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPAT ☐ DELETE

NAME SANCHEZ, MANUEL
STREET ADDRESS 2655 LEJEUNE RE STE 1000
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VAS ☐ DELETE

NAME MARIN, ERNESTO
STREET ADDRESS 2655 LEJEUNE RD STE 1000
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPS ☐ DELETE

NAME SERINA, QUIRICO
STREET ADDRESS 2655 LEJEUNE RD STE 1000
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4. 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 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 redeiver 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99

(305) 442-0427

CR2E034 (11/98)