

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 5-1-96

B-6138-C

DOCUMENT # **G90301** (4)

1. Corporation Name  
**INTERNATIONAL BUSINESS CORPORATION**



Principal Place of Business Mailing Address  
**100 SE 2ND ST. SUITE 2315-A MIAMI FL 33131**      **100 S.E. 2ND ST. 2315-A MIAMI FL 33131 US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

3. Date Incorporated or Qualified **01/30/1984** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2368053** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**IBC FIDUCIARY INC. 100 SE 2ND ST. SUITE 2315-A MIAMI FL 33131**

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 signing officer or director (Block 12) (Block 13) (Block 14) (Block 15) (Block 16) (Block 17) (Block 18) (Block 19) (Block 20) (Block 21) (Block 22) (Block 23) (Block 24) (Block 25) (Block 26) (Block 27) (Block 28) (Block 29) (Block 30) (Block 31) (Block 32) (Block 33) (Block 34) (Block 35) (Block 36) (Block 37) (Block 38) (Block 39) (Block 40) (Block 41) (Block 42) (Block 43) (Block 44) (Block 45) (Block 46) (Block 47) (Block 48) (Block 49) (Block 50) (Block 51) (Block 52) (Block 53) (Block 54) (Block 55) (Block 56) (Block 57) (Block 58) (Block 59) (Block 60) (Block 61) (Block 62) (Block 63) (Block 64) (Block 65) (Block 66) (Block 67) (Block 68) (Block 69) (Block 70) (Block 71) (Block 72) (Block 73) (Block 74) (Block 75) (Block 76) (Block 77) (Block 78) (Block 79) (Block 80) (Block 81) (Block 82) (Block 83) (Block 84) (Block 85) (Block 86) (Block 87) (Block 88) (Block 89) (Block 90) (Block 91) (Block 92) (Block 93) (Block 94) (Block 95) (Block 96) (Block 97) (Block 98) (Block 99) (Block 100)

12. OFFICERS AND DIRECTORS

TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	HENNING, U.	
STREET ADDRESS	444 BRICKELL AVE. 51-246	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GURIAN, J.	
STREET ADDRESS	444 BRICKELL AVE. 51-246	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HENLEY, J.	
STREET ADDRESS	444 BRICKELL AVE #51-246	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	KANSY, J.	
STREET ADDRESS	444 BRICKELL AVE #51-246	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HENNING, U.	
1.3 STREET ADDRESS	444 Brickell Ave.	#51-246
1.4 CITY-ST-ZIP	Miami FL 33131	
2.1 TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GURIAN, J.	
2.3 STREET ADDRESS	444 Brickell Ave	#51-246
2.4 CITY-ST-ZIP	Miami FL 33131	
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		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SMEJDA, L.	
5.3 STREET ADDRESS	444 Brickell Ave	#51-246
5.4 CITY-ST-ZIP	Miami FL 33131	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)