

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # G90301 (4)
 1. Corporation Name
INTERNATIONAL BUSINESS CORPORATION



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/30/1984

4. FEI Number
59-2368053

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 or has paid the current year Intangible Personal Property Tax due June 30 Yes No

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD HENNING, U. 444 BRICKELL AVE. 51-246 MIAMI FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS GURIAN, J. 444 BRICKELL AVE. 51-246 MIAMI FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS SMEJDA, L. 444 BRICKELL AVE. #51-246 MIAMI FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CONSTANTE, S 444 BRICKELL AVE, #51-246 MIAMI FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GAVARD, J 444 BRICKELL AVE, #51-246 MIAMI FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP

14. 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 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:  **L. Smejda** **4/29/98** **(305) 358-9990**

CR2E034 (10/97)