FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G91833** **(5)**

1. Corporation Name

IBC FIDUCIARY INC.

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

3. Date Incorporated or Qualified: **03/19/1984**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24:
Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29:
Country — 30:

4. FEI Number: **59-2398374** ☐ 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

SMEJDA, L.
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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KANSY, J.		1.2 NAME		
STREET ADDRESS	444 BRICKELL AVE 51-246		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAIMI FL		1.4 CITY-ST-ZIP		
TITLE	SVPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMEJDA, L.		2.2 NAME		
STREET ADDRESS	444 BRICKELL AVE 51-246		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	ALEXANDER, A.		3.2 NAME	GURIAN, J.	
STREET ADDRESS	444 BRICKELL AVE, 51-246		3.3 STREET ADDRESS	444 Brickell Ave. #51-246	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	AS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAXFIELD, P.		4.2 NAME		
STREET ADDRESS	444 BRICKELL AVE 51-246		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	AS	☐ Change ☐ Addition
NAME			5.2 NAME	HENLEY, J.	
STREET ADDRESS			5.3 STREET ADDRESS	444 Brickell Ave. # 51-246	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL. 33131	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: _____ DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Smejda