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## 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

DOCUMENT	# G91	833
d Composition Name	<del> </del>	-

Corporation Name

IBC FIDUCIARY INC.

Principal Place of Business Mailing Address		( )\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Sillet Bibli Aldst bibli Sibit (69)	
100 SE 2ND ST. SUITE 2315-A MIAMI FL 33131	100 S.E. 2ND ST 2315-A Miami Fl. 33131		DO NOT WRITE IN THI	S SPACE
	US		3. Date Incorporated or Qualifed	
	•		03/19/1984	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2398374	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
' City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country, 24 25		untry	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes <b>※</b> %o
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
SMEJDA, L.		81 Name 82 Street A	Address (P.O. Box Number is Not Acceptable)	
100 SE 2ND ST.		Out Out of	_	
SUITE 2315-A Miami FL 33131	•	83		•
MILMARITE OCIOTI		84 City		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, typed or printed name of registered agent and title	if applicable. (NOTE: Re	gistered Agent signature r	equired when reinstating) DATE	
	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
. 1	PD	XX DELETE	1,1 111125	<b>VP X</b> XCh	ange 🗌 Addition
_	KANSY, J. ÷		1.2 NAME	KANSY, J.	
: I AIRRO SEI	444 BRICKELL AVE 51-246		1.3 STREET ADDRESS	444 Brickell Ave., Suite 51-246	
ST ZIP	MAIMI FL		1.4 CITY-ST-ZIP	Miami, FL 33131	
-	SVPD	☐ DELETE	2.1 TITLE	$P - S - D$ $xx^{ch}$	ange
}	SMEJDA, L.	<u>'</u>	2.2 NAME	SMEJDA, L.	
STREET ADDRESS	444 BRICKELL AVE 51-246		2.3 STREET ADDRESS	444 Brickell Ave., Suite 51-246	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	Miami, FL 33131	` <b>.</b> _
TITLE	V	*X DELETE	3.1 TITLE	<b>VP</b> □CI	ange XX Addition
NAME	GURIAN, J			GRANGER, L.	
STREET ADDRESS	444 BRICKELL AVE #51-246	•	3.3 STREET ADDRESS	444 Brickell Ave., Suite 51-246	
CITY-ST-ZIP	MIAMI FL .		3.4. CITY-ST-ZIP	Miami, FL 33131	
TITLE	AS	<b>X</b> MDELETE	4.1 TITLE	□ Cr	sange
NAME	RIVAS, G.		4. 2 NAME		
STREET ADDRESS	444 BRICKELL AVE 51-246		4.3 STREET ADDRESS	•	
CITY-ST-ZIP	MIAMI_FL_33131		4.4 CITY-ST-ZIP		
TITLE	AS	XXDELETE	5.1 TITLE	T - AS □C	ange Addition
NAME	CONSTANTE, S.		5.2 NAME	MEDINA, D.	.
STREET ADDRESS	444 BRICKELL AVE., #51-246	1	5.3 STREET ADDRESS	444 Brickell Ave., Suite 51-246	)
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ CP	nange
NAME	LECOMPTE, J.		6.2 NAME		
STREET ADDRESS	444 BRICKELL AVE. #51-246		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		6.4 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 of 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 comporation 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RECURED

D. Medina

4/27/99

(305) 358-9990

Daytime Phone