

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

**APPROVED  
AND  
FILED**

**1997 MAY 13 PM 12:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**

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

**DOCUMENT # H47369 (4)**

1. Corporation Name  
**AIBC INVESTMENT SERVICES CORPORATION**



Principal Place of Business Mailing Address  
**80 S.W. 8TH ST.  
MAIN LOBBY  
MIAMI FL 33130** **80 S.W. 8TH ST.  
MAIN LOBBY  
MIAMI FL 33130-3003**

3. Date Incorporated or Qualified **03/15/1985** 3a. Date of Last Report **10/17/1996**  
4. FEI Number **59-2512083** 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

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 30 Country

9. Name and Address of Current Registered Agent  
**BURDETTE, WILLIAM R.  
80 SW 8TH ST.  
MAIN FLOOR LOBBY  
MIAMI FL 33130**

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

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILFREDO, GORT</b>	
STREET ADDRESS	<b>80 S.W. 8TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BURDETTE, WILLIAM</b>	
STREET ADDRESS	<b>80 S.W. 8TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GORT, TAMARA</b>	
STREET ADDRESS	<b>80 S.W. 8TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
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	<b>Managing Director - International</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>(not Chairman and not a Director)</b>	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>President, Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Chairman and Sole Director</b>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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**\*\*\*558.75 \*\*\*558.75**

**5/13**

14. I do 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, to be an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **3/27/97** Daytime Phone #: **(805) 372-8000**

CR2E034 (9/96)