

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 15 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L66882 (6)

1. Corporation Name
I.B.R. CORP.

Principal Place of Business 17340 BOCA CLUB BLVD 707 BOCA RATON FL 33487 US	Mailing Address P.O. BOX 586 ATLANTA TX 75551-0586 US
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3. Date Incorporated or Qualified 04/20/1990	3a. Date of Last Report 06/21/1996
4. FEI Number 65-0187832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1313 PONCE DE LEON BLVD	2a. Mailing Address 26 1313 PONCE DE LEON BLVD
Suite, Apt. #, etc. 22 300	Suite, Apt. #, etc. 27 300
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL
Zip 24 33134	Country 25
Zip 29 33134	Country 30

9. Name and Address of Current Registered Agent

**YOUNGBLOOD, J B
17340 BOCA CLUB BLVD
SUITE 707
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name MANUEL L. RIVERO
82 Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON BLVD
83 SUITE # 300
84 City CORAL GABLES, FL
85 Zip Code 33134

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 *Manuel L. Rivero* **July 7-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME CEBALLOS, FELIPE	
STREET ADDRESS CERRO DEL HORNO 21	
CITY-ST-ZIP MEXICO D.F., MEXICO	
TITLE S	<input type="checkbox"/> DELETE
NAME CEBALLOS MARIA E.	
STREET ADDRESS CERRO DEL HORNO 21	
CITY-ST-ZIP MEXICO D.F., MEXICO	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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-07/21/97-01123-013
*****165.00 ***165.00**

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, or on an attachment with an address

SIGNATURE *Manuel L. Rivero* **July 7-97** **(205) 442-3500**

CR2E034 (9/96)