FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5.1.95 B.63630

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

APPROVED AND FILED
95 MAY -1 AM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L93227 (1)

1. Corporation Name
IBC ASSOCIATES INC.

Principal Place of Business	Mailing Address
100 SE SECOND ST. 2315-A MIAMI FL 33131	2 SOUTH BISCAYNE BLVD. #113729 MIAMI FL 33111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1990
3a. Date of Last Report: 05/01/1994

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: 65-0347289 — 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

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DSAT	1 TITLE	☐ Change ☐ Addition
NAME	SMEJDA, L.	1 NAME	
STREET ADDRESS	444 BRICKELL AVE. 51-246	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	
TITLE	~~VAT~~	2 TITLE	DP ☐ Change XX Addition
NAME	~~HEINZ-PETER SCHREIBER~~	2 NAME	HENNING, U.
STREET ADDRESS	~~444 BRICKELL AVE. 51-246~~	2 STREET ADDRESS	444 Brickell Ave. - #51-246
CITY-ST-ZIP	~~MIAMI FL~~	2 CITY-ST-ZIP	Miami, Florida 33131
TITLE	~~AS~~	3 TITLE	☐ Change ☐ Addition
NAME	~~CECILE CAUERT~~	3 NAME	
STREET ADDRESS	~~444 BRICKELL AVE. 51-246~~	3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	3 CITY-ST-ZIP	
TITLE	~~DV~~	4 TITLE	☐ Change ☐ Addition
NAME	~~JOSEFPETER KANSY~~	4 NAME	
STREET ADDRESS	~~444 BRICKELL AVE. 51-246~~	4 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	4 CITY-ST-ZIP	
TITLE	~~DPT~~	5 TITLE	AS XX Change ☐ Addition
NAME	~~MOXFIELD, P.~~	5 NAME	MAXFIELD, P.
STREET ADDRESS	~~444 BRICKELL AVE. 51-246~~	5 STREET ADDRESS	444 Brickell Ave. #51-246
CITY-ST-ZIP	~~MIAMI FL~~	5 CITY-ST-ZIP	Miami, Florida 33131
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

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: L. Smejda 4/28/95 (305)358-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0128009 CP