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 # **M61444** **(9)**

1. Corporation Name
IBC GROUP CORPORATION S.A.

Principal Place of Business
65 AVENUE DE LA GARE
SUITE 500
LUXEMBOURG, LUXEMBOURG L-161 00161-1306

Mailing Address
100 S.E. 2ND ST
#2515-A
MIAMI FL 33131
US

2. Principal Place of Business
21 100 SE 2nd St.
Suite, Apt. #, etc
22 2315-A
City & State
23 Miami, FL
Zip
24 33131
Country
25 Dade

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

3. Date Incorporated or Qualified: 10/26/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0018544 ☐ 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 SECOND 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

TITLE	DVPT	☐ DELETE
NAME	HENNING, U.	
STREET ADDRESS	444 BRICKELL AVE #51-246	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	☒ DELETE
NAME	MAXFIELD, P.	
STREET ADDRESS	444 BRICKELL AVE. #51-246	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	☒ DELETE
NAME	KANSY, J.	
STREET ADDRESS	444 BRICKELL AVE. #51-246	
CITY-ST-ZIP	LUXEMBOURG, EUROPE	
TITLE	AS	☐ DELETE
NAME	HENLEY, J.	
STREET ADDRESS	444 BRICKELL AVE. 51-P246	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☒ Change ☐ Addition
1.2 NAME	HENNING, U	
1.3 STREET ADDRESS	444 Brickell Ave #51-246	
1.4 CITY-ST-ZIP	Miami FL 33131	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	DAMM, R	
2.3 STREET ADDRESS	444 Brickell Ave	
2.4 CITY-ST-ZIP	Miami FL 33131	
3.1 TITLE	S	☒ Change ☐ Addition
3.2 NAME	CARBAYO, E.	
3.3 STREET ADDRESS	444 Brickell Ave.	
3.4 CITY-ST-ZIP	Miami FL 33131	
4.1 TITLE	PD	☒ Change ☐ Addition
4.2 NAME	HENLEY, J.	
4.3 STREET ADDRESS	444 Brickell Ave #51-246	
4.4 CITY-ST-ZIP	Miami FL 33131	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: J. Henley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Henley