

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

FILED
 May 28 1997 8:00am
 Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # N21742 (4)

1. Corporation Name

INTERAMERICAN BUSINESSMEN'S ASSOCIATION-BROWARD
 COUNTY, INC.



Principal Place of Business

Mailing Address

C/O IVAN A. GOMEZ, P.A.
 601 BRICKELL KEY DRIVE
 MIAMI FL 33131

C/O IVAN A. GOMEZ, P.A.
 601 BRICKELL KEY DRIVE
 MIAMI FL 33131

3. Date Incorporated or Qualified
 07/28/1987

3a. Date of Last Report
 08/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
 65-0003229

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

10. Name and Address of New Registered Agent

GOMEZ IVAN A, PA
 601 BRICKELL KEY DRIVE
 SUITE 507
 MIAMI FL 33131

81 Name IVAN A. GOMEZ, P.A.
 82 Street Address (P.O. Box Number is Not Acceptable)
 601 BRICKELL KEY DRIVE
 83 SUITE 507
 84 City MIAMI FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Ivan A Gomez, PA. By Ivan A Gomez, Pres. 5/30/97
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JIMENEZ, VICENTE W	
STREET ADDRESS	1100 NE 7TH AVE SUITE A	
CITY-ST-ZIP	DANIA FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DOIMEADIOS, JORGE	
STREET ADDRESS	9130 S DADLEAND BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	RYANN, JOSEPH B III	
STREET ADDRESS	1111 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	YANES, ALFREDO	
STREET ADDRESS	2611 EAST OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	600002210386
4.3 STREET ADDRESS	-06/12/97--01066--024
4.4 CITY-ST-ZIP	***70.00
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D ARAUJO, PATRICIA
5.3 STREET ADDRESS	5840 Johnson Street
5.4 CITY-ST-ZIP	Hollywood, Florida 33021
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Ivan A. Gomez
6.3 STREET ADDRESS	601 Brickell Key Drive, Suite 507
6.4 CITY-ST-ZIP	Miami, Florida 33131

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ivan A Gomez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

4/30/97

CR2037 (3/96)