FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G90301 (4)

1. Corporation Name
INTERNATIONAL BUSINESS CORPORATION

Principal Place of Business
100 SE 2ND ST.
SUITE 2315-A
MIAMI FL 33131

Mailing Address
[redacted]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a Date of Last Report
01/30/1984	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26 100 S.E. 2nd St.
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27 #2315-A
City & State 23	City & State 28 Miami FL
Zip 24 / Country 25	Zip 29 33131 / Country 30 U.S.A.

4. FEI Number: 59-2368053 ☐ 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
(Signature of registered agent) (Title) (Date)

12. OFFICERS AND DIRECTORS

TITLE	AS
NAME	MAXFIELD, P.
STREET ADDRESS	444 BRICKELL AVE. 51-246
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	PDS
NAME	SMEJDA, LUCIUS
STREET ADDRESS	444 BRICKELL AVE. 51-246
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	[redacted]
NAME	[redacted]
STREET ADDRESS	[redacted]
CITY-ST-ZIP	[redacted]
TITLE	[redacted]
NAME	[redacted]
STREET ADDRESS	[redacted]
CITY-ST-ZIP	[redacted]
TITLE	[redacted]
NAME	[redacted]
STREET ADDRESS	[redacted]
CITY-ST-ZIP	[redacted]
TITLE	[redacted]
NAME	[redacted]
STREET ADDRESS	[redacted]
CITY-ST-ZIP	[redacted]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	VP-T-D	☒ Change ☒ Addition
NAME	HENNING, U.	
STREET ADDRESS	444 Brickell Ave. #51-246	
CITY-ST-ZIP	Miami FL 33131	
TITLE	AS	☐ Change ☒ Addition
NAME	GURIAN, J.	
STREET ADDRESS	444 Brickell Ave. #51-246	
CITY-ST-ZIP	Miami FL 33131	
TITLE	S	☐ Change ☒ Addition
NAME	HENLEY, J.	
STREET ADDRESS	444 Brickell Ave. #51-246	
CITY-ST-ZIP	Miami FL 33131	
TITLE	VP-D	☒ Change ☒ Addition
NAME	KANSY, J.	
STREET ADDRESS	444 Brickell Ave. #51-246	
CITY-ST-ZIP	Miami FL 33131	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: P. Maxfield — P. Maxfield 4/28/95 305-358-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0129011 CP