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 # **P15127** **(4)**

1. Corporation Name

INTERHOBA OF FLORIDA, INC.

Principal Place of Business
300 PLANTATION DR
ORMOND BEACH FL 32174

Mailing Address
103 NORTH LAKE DR
ORMOND BEACH FL 32174
US

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

3. Date Incorporated or Qualified: 07/08/1987
3a. Date of Last Report: 03/01/1995
4. FEI Number: 13-3381632 — [ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

JENNY, CHRISTIAN
103 N LAKE DR
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: David Galshack
82 Street Address (P.O. Box Number is Not Acceptable): 103 North Lake Dr.
83
84 City: Ormond Beach, FL 85 Zip Code: 32174

11. Pursuant to the provisions of Sections 607.0502 or 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] David Galshack 2/28/96

12. OFFICERS AND DIRECTORS

TITLE	PD	[X] DELETE
NAME	GLADKY, BORIS	
STREET ADDRESS	CHATEAU DE BONMONT	
CITY-ST-ZIP	1261 CHESERX SW	
TITLE	VSD	[X] DELETE
NAME	JENNY, CHRISTIAN	
STREET ADDRESS	103 N LAKE DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	T	[ ] DELETE
NAME	GALSHACK, DAVID	
STREET ADDRESS	103 NORTH LAKE DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	[X] DELETE
NAME	SCHAERER, WERNER	
STREET ADDRESS	CHATEAU DE BONMONT	
CITY-ST-ZIP	1261 CHESEREX SW	
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 TITLE	PD	[ ] Change [X] Addition
1 NAME	Alvarez, Manuel	
1 STREET ADDRESS	Chateau de Bonmont	
1 CITY-ST-ZIP	1275 Cheserex, Switzerland	
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	VPT	[X] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	S	[ ] Change [X] Addition
5 NAME	Floch, Gail	
5 STREET ADDRESS	103 North Lake Dr.	
5 CITY-ST-ZIP	Ormond Beach, Fl. 32174	
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

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 report or supplemental 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, with all other like empowered.

SIGNATURE: [signature] David Galshack 2/28/96 (904) 437-2993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR