

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**

3. Date Incorporated or Qualified

10/26/1987

3a. Date of Last Report

05/01/1995

4. FET Number

65-0018544

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

100 SE 2nd St.

100 SE 2nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2315-A

2315-A

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33131

USA

33131

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IBC FIDUCIARY INC.
100 SE SECOND ST.
SUITE 2315-A
MIAMI FL 33131**

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 person authorized to receive documents for the corporation

Signature of Registered Agent (signature must be handwritten)

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. TITLE	V	☒ Change ☐ Addition
2. NAME	HENNING, U	
3. STREET ADDRESS	444 Brickell Ave	#51-246
4. CITY-ST-ZIP	Miami FL	33131
5. TITLE	V	☐ Change ☒ Addition
6. NAME	DAMM, R	
7. STREET ADDRESS	444 Brickell Ave	
8. CITY-ST-ZIP	Miami FL	33131
9. TITLE	S	☒ Change ☐ Addition
10. NAME	CARBAYO, E.	
11. STREET ADDRESS	444 Brickell Ave.	
12. CITY-ST-ZIP	Miami FL	33131
13. TITLE	PD	☒ Change ☐ Addition
14. NAME	HENLEY, J.	
15. STREET ADDRESS	444 Brickell Ave	#51-246
16. CITY-ST-ZIP	Miami FL	33131
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Henley
J. Henley

CR2E034 (12/95)