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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M61444

(9)

Mailing Address

IBC GROUP CORPORATION S.A.

FILED
May 02 1997 8:00am
Secretary of State

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100 SE 2ND ST 2315-A MIAMI FL 33131 US		#2515-A MIAMI FL 33131-2100	MIAMI FL 33131-2100					
		US			<ol> <li>Date Incorporated or Qualified</li> <li>10/26/1987</li> </ol>	3a, Date 05/01/		eport
L '	face of Business	2a. Mailing Address			4. FEI Number	<del></del>	Ap	plied For
21		26			65-0018544		No	t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	188.	\$8.75 / Fee Re	Additional equired
City & State	6	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
Ζιρ <b>24</b>	Country 25	Z(p	Countr	у	8. This corporation has liability for i	ntangible tax	under s.	
<b></b>	g. Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	gistered Age	ent	
IBC I	FIDUCIARY INC.		81	Name				······································
	SE SECOND ST. E 2315-a		82	2 Street A	Address (P.O. Box Number is Not Acceptab	le)	······································	
	AI FL 33131		83	3	TO THE THE THE PART OF THE PAR	<del> </del>	·	<del></del>
·			84	'		PL!	35 Zip (	
office or n agent I ar SIGNATURE	to the provisions of Sections 60, egistered agent, or boln, in the milliar with, and accept the i	7 0502 and 607, 1508, Florida Statu State of Florida. Such change was obligations of, Section 607,0505, F	ites, the above authorized b forida Statute	ve-named only the corporate.	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of chi it the appoint	anging it tment as	s registered registered
SIGNATURE	Soy also - typed or protect ran elich eigester	ed agent and title it applicable. (NO	TE: Registered Ac	gent signature r	required when rainstating)	DATE		
12.	OFFICER:	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 12
					AUDITIONS/CHANGES TO OFFIC	וט שווט אווט		
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NAME STREET AODRESS CITY: ST. 7/P	444 BRICKELL AVE #51-24 MIAMI FL	46	1 1 TITLE 1 2 NAME 1.3 STREE 1.4 CITY-	et address St-Zip	P D HENNING, U. 444 BRICKELL AVE. # 51- MIAMI FL VP	-246	Change	Addition
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14. To other of certify that the intermedial supplied with this filling does not quality for the exemption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 rocert of 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 of an attachment with an address.

SIGNATURE:

WE WE AND TYPED OR PRINTED BANE OF SIGNING OFFICER OR DIRECTOR

4/22/97

(305) 358-9990