

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M61444** (9)

1. Corporation Name
IBC GROUP CORPORATION S.A.

Principal Place of Business 100 SE 2ND ST 2315-A MIAMI FL 33131 US	Mailing Address 100 S.E. 2ND ST #2515-A MIAMI FL 33131-2100 US
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3. Date Incorporated or Qualified 10/26/1987	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0018544 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC.
100 SE SECOND 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	85 Zip Code
			FL	

I, 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, 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 V	<input checked="" type="checkbox"/> DELETE	11 TITLE P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENNING, U		12 NAME HENNING, U.	
STREET ADDRESS 444 BRICKELL AVE #51-248		13 STREET ADDRESS 444 BRICKELL AVE. # 51-246	
CITY-ST-ZIP MIAMI FL		14 CITY-ST-ZIP MIAMI FL	
TITLE V	<input checked="" type="checkbox"/> DELETE	21 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAMM, R		22 NAME SABLIER, L.	
STREET ADDRESS 444 BRICKELL AVE		23 STREET ADDRESS 444 BRICKELL AVE. #51-246	
CITY-ST-ZIP MIAMI FL		24 CITY-ST-ZIP MIAMI FL	
TITLE S	<input checked="" type="checkbox"/> DELETE	31 TITLE AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARBAYO, E		32 NAME CARBAYO, E.	
STREET ADDRESS 444 BRICKELL AVE		33 STREET ADDRESS 444 BRICKELL AVE.	
CITY-ST-ZIP LUXEMBOURG, EUROPE		34 CITY-ST-ZIP MIAMI, FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE	41 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HENLEY, J		42 NAME CONSTANTE, S.	
STREET ADDRESS 444 BRICKELL AVE #51-248		43 STREET ADDRESS 444 BRICKELL AVE. #51-246	
CITY-ST-ZIP MIAMI FL		44 CITY-ST-ZIP MIAMI, FL	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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: U. Henning

4/22/97

(305) 358-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)