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FILED

Apr 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000056647 (5)

1. Corporation Name  
IBSA, US, INC.

Principal Place of Business

475 EAST EAU GALLIE BLVD  
INDIAN HARBOUR BEACH FL 32937

Mailing Address

475 EAST EAU GALLIE BLVD  
INDIAN HARBOUR BEACH FL 32937



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

59-3461783

☒ 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1901 S. Harbor City Bl.

Suite, Apt. #, etc.

22 SUITE 808

City & State

23 MELBOURNE, FL

Zip

24 FL 32901

Country

25 USA

2a. Mailing Address

26 1901 S. Harbor City Bl.

Suite, Apt. #, etc.

27 Suite 808

City & State

28 Melbourne FL

Zip

29 32901

Country

30 USA

9. Name and Address of Current Registered Agent

BUTLER, MIKE  
475 EAST EAU GALLIE BLVD  
INDIAN HARBOUR BEACH FL 32937

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/O ☐ DELETE

NAME BUTLER, MIKE  
STREET ADDRESS 475 EAST EAU GALLIE BLVD  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE D/O ☐ DELETE

NAME HABA, HAYDAR  
STREET ADDRESS 475 EAST EAU GALLIE BLVD  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE D/O ☐ Change ☒ Addition

1.2 NAME DANIEL QUANDT  
1.3 STREET ADDRESS 1901 S. Harbor City Blvd., Suite 808  
1.4 CITY-ST-ZIP MELBOURNE, FL 32901

2.1 TITLE D/O ☐ Change ☒ Addition

2.2 NAME PIERO BERGMAN  
2.3 STREET ADDRESS 1901 S. HARBOR CITY BLVD. Suite 808  
2.4 CITY-ST-ZIP Melbourne, FL 32901

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME STEPHEN HOURIGAN  
3.3 STREET ADDRESS 18 GATHWAITE TERRACE  
3.4 CITY-ST-ZIP MAPLEWOOD, NJ 07040

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

HABA

HABAR HABA

1/2/98 4:27 PM 0019

CR2E034 (10/97)