FILED May 08, 2002 8:00 am & 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M61444

I. Entity Name IBC GROUP CORPORATION S.A.							O5-08-2002 90005 018 ***158.75				
Principal Place of Business 100 SE 2ND ST 2315-A MIAMI FL 33131 US			Mailing Address 100 S.E. 2ND ST #2315-A MIAMI FL 33131 US								
2. Principal Place of Business			3. Mailing Address					FIELD DE ELL			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number 65-00185	 14		plied For	
Zip	Country		Zip	Zip Country		5. (Certificate of Status Desire		\$8.75 Add		
	6. Name	and Address of Current F	egistered Agent			7. Name and Address of New Registered Agent					
IBC FIDU	CIARY INC.				Name						
	ECOND ST.			Street Address (P.O. Box Number is Not Acceptable)							
				}							
SUITE 2315-A											
MIAMI FL 33131					City						
SIGNATURE	Signature, typed	or printed name of registered agent a		Registered	Agent signat	ure required when re		Horida.	TĒ	· 	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	10. Election Campaign Trust Fund Contribu			May Be to Fees	
11.		OFFICERS AND D	RECTORS 12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENNING, 100 SE 2N MIAMI FL 3	D ST #2315	☐ Delete				100		☐ Change	Addition	
STREET ADDRESS	-VAST NOH, A 100 SE 2N -MIAMI-FL 3	D 3T #2315 3131	▼ Delete	TITLE NAME STREE	T AODRESS			et, #	7 x Change 2315	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELLAVEDO 100 SE 2NI MIAMI FL 3	D ST #2315	☐ Delete	TITLE NAME STREE	T ADDRESS		/ FL 33131		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	r address St-ZIP			-	☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET	ADDRESS		10.		☐ Change	Addition	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition