2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2004 8:00 am Secretary of State DOCUMENT # M61444 05-05-2004 90240 005 ***158.75 IBC GROUP CORPORATION S.A. Principal Place of Business Mailing Address 100 SE 2ND ST 100 S.E. 2ND ST 14022000 #2315-A MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0018544 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IBC FIDUCIARY INC. Street Address (P.O. Box Number is Not Acceptable) 100 SE SECOND ST. **SUITE 2315-A MIAMI FL 33131** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13745-TITLE X Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 100 SE 2ND SE #221 S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PAST TITLE P-AS-T Delete TITLE XI Change ☐ Addition Nuh, A. NUH, A. NAME NAME 100 S.E. 2nd Street, #2315-A STREET ADDRESS 100 SE 2ND ST #2315 STREET ADDRESS Miami, Ft 33131 CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP Delete D-VP-S TITLE TITLE Change ☐ Addition Roman, M. ROMAN, M NAME 100 S.E. 2nd Street, #2315-A STREET ADDRESS 100 SE 2ND ST #2315 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP Miami, FL 33131 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:



A. Nuh

04/16/04

(305) 358-9990

FILED

Daytime Phone #