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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 662364

(9)

Mailing Address

INTERNATIONAL BROKERAGE, INC.

		FILEI	)
Feb	10	1997	8:00am
Se	cre	tary c	of State



12395 SW 130 STE 100 MIAMI FL 3318 US		12395 SW 130 ST STE 100 Miami FL 33186-6207 US		3. Date Incorporated or Qualified 05/05/1980	3a. Date of Last Report 02/09/1996
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2018633	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,  Yes No
24	25 9. Name and Address of Currer		30	Florida Statutes L.  10. Name and Address of New Re	
DOL	OLING, MARA		81 Name		
	05 SW 84TH AVE	•		Addition (D.O. Donney Lands Manager	
	MI FL 33157		82 Street	Address (P.O. Box Number is Not Acceptate	)ie)
****			83		
					1215
			84 City	·	FL 85 Zip Code
SIGNATURE	Signature, typed or punted name of registered age			poration's board of directors. I hereby accept the second of directors in the second of the second o	DATE
12.	OFFICERS AN	D DIRECTORS  DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
	VOLUM, PETER		1.2 NAME		C Orango C Producon
NAME	16980 S.W. 83 COURT		1.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP		
TITLE	V	DELETE	21 TITLE		Change Addition
NAME	DOOLING, MARIA		2.2 NAME		
STREET ADDRESS	17305 SW 84 AVENUE		2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY - ST - ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	S	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CERVANTES, FELIPE		3.2 NAME		
STREET ADDRESS	11011 SW 88 ST, F-215		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 THTLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADORESS		
CITY - ST - ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		- vereit	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	•		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	1	
CITY-ST-ZIP		<u> </u>	6.4 CITY-ST-ZIP		
14. I do here information I am an o appears	by certify that the information supplied on indicated on this annual report or officer or director of the corporation of in Block 12 or Block 13 if changes of	ed with this filing does not qualificate the control of the contro	y for the exemption rue and accurate an ered to execute this dress.	stated in Section 119.07(3)(i), Florida Statute d that my signature shall have the same leg report as required by Chapter 607, Florida	es. I further certify that the al effect as if made under oath; that Statutes; and that my name