APPROVED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE **CORPORATION AMENDED** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 97 NOV 17 AM 9: 16 1997 **DIVISION OF CORPORATIONS** DOCUMENT # F07124 SECRETARY OF STATE (3)TALL AHASSEE, FLORIDA 1. Corporation Name INTERBOND CORPORATION OF AMERICA Principal Place of Business Malling Address 3450 NW 112 STREET 3450 NW 112 STREET **MIAMI FL 33167** MIAMI FL 33167 3. Date incorporated or Qualified 3a. Date of Last Report US 11/26/1980 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 21 26 Not Applicable 59-2105736 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\mathbf{x}$ 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 **Trust Fund Contribution** Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 X Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YOUNG, PAUL 82 Street Address (P.O. Box Number is Not Acceptable) 1630 N. FEDERAL HIGHWAY 83 FT. LAUDERDALE, FL 33305 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME PERLMAN, ROBERT 1.2 NAME 400002351184--STREET ADDRESS 1.3 STREET ADDRESS **3450 NW 112 STREET** -11/18/97---01097---001 CITY - ST - ZIP 1.4 CITY - ST - ZIP MIAMI FL 33167 TITLE 本本本本 / LF Change \* 本本本 Addition P/D 2.1 TITLE DELETE NAME 22 NAME MICHAEL PERLMAN STREET ADDRESS 2.3 STREET ADDRESS 3450 NW 112 STREET CITY - ST - ZIP 2.4 CITY - ST - ZIP MIAMI\_FL\_33167 TITLE SIDDE 8/D DELETE Change Addition NAME SHARON PERLMAN 3.2 NAME STREET ADDRESS 3450 NW 112 STREET 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP MIAMI FL 33167 TITLE T./ASSIST SEC. 41 nn F DELETE Change Addition NAME JEROME LADAU 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 3450 NW 112 STREET CITY - ST - ZIP 4.4 CITY - ST - ZIP <u>MIAMI\_FL\_33167</u> TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME **BRUCE PERLMAN** STREET ADDRESS **5.3 STREET ADDRESS** 3450 NW 112 STREET CITY - ST - ZIP 5.4 CITY - ST - ZIP **MIAMI FL 33167** TITLE 6.1 TITLE DELETE Change NAME Addition 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CHTY - ST - Zip 6.4 CITY - ST - ZIP I do hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 eath; 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, Fiorida Statutes; and that my name appears in Block 12 or Block 18 if changed, or op an exachment with an address. SIGNATURE: Jerome Ladau, Treasurer 11/4/1997 305/688-7400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytim • Phone #

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