FILED

Feb 18, 1999 8:00am

Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999	DIVISION OF C					
					02-18-1999 90007 008 ****158.75		
DOCUMENT # F36951 1. Corporation Name							
IBUNA INTERNATIONAL UNIVERSITY, INC.							
IDUNA INTERNATIONAL UNIVERSITY INC.					1 (. 81811 91811 81811 81811 1881	
Principal Place of Business Mailing Address						. PJEKI DIEK DIDIK DABAH 1801	
P. O. BOX 144191 111 NW 85TH PL.					İ		
CORAL GABLES FL 33144 MIAMI FL 33126							
US		US			DO NOT WRITE IN THIS SE	ACE	
					3. Date incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address					06/01/1981 4. FEI Number	Applied For	
					59-2127958 <i>59-2127958</i>	Applied For Not Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					39 2121930	\$8.75 Additional	
22 27					5. Certifcate of Status Desired	Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23 28					Trust Fund Contribution	Added to Fees	
Zip	Country Zip C			/	8. This corporation owes the current year Intang	gible	
24	25 29 30				Personal Property Tax. Yes No		
9. Name and Address of Current Registered Agent 10					10. Name and Address of New Registered Ag	ent	
VINARDI, DR. LIUIQ J.							
111 NW 85TH PLACE				Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33126					1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
				City	FL 85 Zip Code 7		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	e-named corpo	oration submits this statement for the purpose of ch	anging its registered	
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	uthorized by rida Statutes	the corporatio	on's board of directors. I hereby accept the appointment	ient as registered	
SIGNATURE	· · · · · ·				·		
	Signature, typed or printed name of registered age		_	nt signature required			
12.	CPS OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition	
NAME	VINARDI, LIVIO J. PHD.		1.2 NAME		*	Johange [] Addition	
STREET ADDRESS	111 NW 85TH PLACE			TADORESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	1			
TITLE	VT .	☐ DELETE	2.1 TITLE	1-211	Γ	Change Addition	
NAME	VINARDI, ANA MARIA		2.2 NAME			-	
STREET ADDRESS	111 NW 85TH PLACE		2.3 STREET	T ADDRESS	•		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5	ST-ZIP	·		
TITLE		☐ DELETE	3.1 TITLE			Change	
NAME			3.2 NAME				
STREET ADDRESS	244.1 		3.3 STREET	TADORESS		14 15 20 20 5	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE	=	<u> </u>	Change Addition	
NAME _			4. 2 NAME			}	
STREET ADDRESS	•		4.3 STREET				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S' 5.1 TITLE	1-414		Change Addition	
NAME			5.2 NAME		:] 4ango [[A.udib017]	
STREET ADDRESS			5.3 STREET	ADDRESS		ļ	
CITY-ST-ZIP	· · ·		5.4 CITY-S				
TITLE		☐ DELETE	6.1 TITLE			Change	
NAME			6.2 NAME		_		
STREET ADDRESS			6.3 STREET	ADDRESS .		S	

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, with all affirm like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

WOOD S. VINARDI