


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000005170 1. Entity Name IHC/MIAMI BEACH CORPORATION	
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Principal Place of Business 1950 STEMMONS FREEWAY STE 6001 DALLAS, TX 75207	Mailing Address 1950 STEEMONS FRWY 6001 DALLAS, TX 75207
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DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1799571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000126688 04/23/04-80044-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOE SMITH, RICK 1950 STEMMONS FRWY- #6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT HENDRICK, JUDY 1950 STEMMONS FRWY- #6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV CHLOUPEK, MARK 1950 STEMMONS FRWY- #6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS GOSCH, PHILIP 1950 STEMMONS FRWY- #6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP KLEISNER, FRED 1950 STEMMONS FRWY #6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CODE TENG, TED 1950 STEMMONS FRWY #6001 DALLAS, TX 75207

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  Mark M. Chloupek	Date: 4-2-04	Daytime Phone #: 214 863 1000
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