FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(3)

INTERNATIONAL BUSINESS EQUIPMENT, INC. Principal Place of Business Mailing Address 12812 SW 122ND AVE 12812 SW 122ND AVE						
P.O. BOX 521408 MIAMI FL 33186		P.O. BOX 521408 MIAMI FL 33186		Date Incorporated or Qualified		
					02/26/1985	01/24/1995
. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
		26			59-2509445	Not Applicable S8.75 Additional
Suite, Apl. #, etc. .1		Suite, Apt. #. etc.			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zıp	Country	Zip	Coun	t y	8. This corporation has liability for	
]	25	29	30			No No
	Name and Address of Curr	rent Registered Agent			10. Name and Address of New I	Registered Agent
			1	B1 Name		
STEPHEN, JOE			Ī	82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
	CALUSA CLUB DR		-	83		
MIAMI F	L 33186		Ĺ			T-11
				B4 City		FL 85 Zip Code
SIGNATURE _	in a gent, or both, in the state of rain, and accept the obligations of, S			A petit signadate ne pare	ADDITIONS/CHANGES TO OF	DAT: FIGERS AND DIRECTORS IN 12
I 2. TITLE	DP OFFICERS.	AND DIRECTORS DOLETE	1 1 11	, ;	ADDITIONS C. IANGLO 10 01	Change Addition
iame	STEPHEN, JOSEPH C.		1.2 NAI			
STREET ADDRESS	9601 W CALUSA CLUB D	OR.	1386	RELADORESS		
CITY - ST - ŽIP	MIAMI FL		1.4 C-T)-ST-Z-P		
TITLE	DVS	P. C. C.		11.6		Change Addition
NAME	STEPHEN, SUSAN		2 2 NA			
STREET ADDRESS	9601 W CALUSA CLUB D	DR .	i i	RIET ADDRESS		
CITY - ST - ZIP	MIAMI FL	[] DELETE	2 4 CH	N - ST - 20 ²		Change Addition
TITLE			3 2 NA	Į.		•
NAME STREET ADDRESS				FEFT ADDRESS		
CITY - ST - ZIP			34 (1)	* - \$1 - ZiP		
TITLE		☐ DELETE	4 1 11	Т.€		Change Addition
NAME			4 2 NA			
STREET ADDRESS				PEFT ADDRESS		
City-St-ZiP		in neigh	4 4 0 I	T - ST-ZIP		Change Additio
TITLE		☐ DETEIR	5 1 H			
NAME				FEE" ADDRESS		
STREET ADDRESS				1 i - ST - ZiP		
CITY - ST - ZIP		C'I DELETE	6.17			Change Additio

6 1 THE

6.2 NAME

6.3 STREET ADDRESS

14. I do hereby certify that the certify that the information oath; that I am an officerfor appears in Block 12 or Exp SIGNATURE:

TIFLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[]] DELETE

4/26/96

6.4 CHT-ST-78" | supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further in this blinds report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the provation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name united, or on an attachment with an address

CR2E034 (12/95)