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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # H44413

(3)

INTERNATIONAL BUSINESS EQUIPMENT, INC.   Principal Place of Business   Mailing Address     12812 SW 122ND AVE   12812 SW 122ND AVE     P.O. BOX 521408   P.O. BOX 521408     MIAMI FL 33186   MIAMI FL 33186-6203											
					] ;	<ol> <li>Date Inco 02/26/1</li> </ol>	rporated or Qualified <b>985</b>		e of Last R 0/1996	eport	
· ·	ace of Business	2a. Mailing Address		***************************************		4. FEI Numb	-			oplied For	
Suite, Apt.	#, elc.	Suite, Apt. #, etc				SR 75 Addition			ot Applicable Additional		
22		27				5. Certificate	of Status Desired		Fee Re		
City & State		City & State					ampaign Financing  I Contribution		\$5.00 Added 1		
Zip	Country	Zip	Country	7		8. This corpo	oration has liability fo	intangible t	ax under s.		
24	25 25 Name and Address of Current		30			Florida Sta	atutes d Address of New R	Yes			
STF	PHEN, JOE	Registered Agent	81	Name		O' Liettie Bil.	Accides of Hew I	ofistation v	90111		
	W CALUSA CLUB DR		62	Street	Address	(P.O. Box Ni	imber is Not Accepte	ible)			
MIAI	MI FL 33186		83								
			Ĺ					······································			
			84	City				FL	85 Zip 6	Code	
SIGNATURE	to the provisions of Sections 607,0502 agistered agent, or both, in the State of in familiar with, and accept the obligation Signature typed or profed name of mystered agent OFFICERS AND	t and title if applicable (NOTE) DIRECTORS	Registered Ag		re required w	hen reinstating)	CHANGES TO OFF	DATE CERS AND I	DIRECTOR	RS IN 12	
TITLE	<del></del>		1.1 TITLE	1.1 TITLE <b>5</b>		CRATA	iry etrem	urer I	Change	Addition	
NAME STREET ADDRESS	STEPHEN, JOSEPH C. 9601 W CALUSA CLUB DR		1.2 NAME	T ADDRESS	D)	24NKA	RYLTREAS R BANB 137 AVE	#90	8		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-1		Mi	AMI	FL 33	86	_		
TITLE			21 TITLE						Change	Addition	
NAME OTOLER ADDRESS	STEPHEN, SUSAN 9601 W CALUSA CLUB DR			22 NAME 23 STREET ADDRESS							
STREET ADDRESS CITY - ST - ZIP	MIAMI FL		2 4 CHTY								
TITLE		DELETE	3.1 TITLE	·····			······································	Ţ	Change	Addition	
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE 3.4. CITY -	T ADDRESS							
CITY+ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31-ZIP	ļ				Change	Addition	
NAME			4. 2 NAME								
STREET ADDRESS				T ADDRESS							
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP			<del></del>		Change	Addition	
NAME		C. DECENE	5.2 NAME						ondings	And Modision	
STREET ADDRESS			5.3 STREE	T ADDRESS							
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u> </u>						
TITLE		☐ DELETE	6 1 TITLE		Ì			l	Change	Addition	
NAME CIDEET ADDRESS			62 NAME	T ADDRESS							
STREET ADDRESS CITY+S1+ZIP			64 CITY								
14. I do hereb	by certify that the information supplied	with this filing does not qualify	for the ex	emption s	stated in	Section 119.0	7(3)(i), Florida Statu	tes. I further	certify that	the	
I am an of appears in	n indicated on this annual report or su ficer or director of the corneration or to h Block 12 or Block (5) chivided, or	the receiver or trustee empower on an attachment with an addr	red to exe ress.	cute this	report as	s required by	Chapter 607, Florida	Statutes; an	d that my r	name	

**SIGNATURE:** 

**FILED** 

Jan 22 1997 8:00am

Secretary of State