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

SIGNATURE:

May 21, 2001 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 05-21-2001 90404 017 ***150.00 ANNUAL REPORT Secretary of State 2*00| -*1998-DIVISION OF CORPORATIONS DOCUMENT # H61366 INTERNATIONAL BUSINESS & TECHNOLOGY INC. Principal Place of Business Mailing Address 9428 BAYMEADOWS RD 9428 BAYMEADOWS ROAD JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/11/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2571571 26 Not Applicat Suite, Apt. #, etc. Suge, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired . 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 Yes Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SHAIKH, M. ASHRAF 81 10102 N. LEISURE LANE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 83 Zip Code 85 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 register office of 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addit TITLE SHAIKH, M. ASHRAF NAME 1.2 NAME 10102 N. LEISURE LANE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE Addit 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS C114 - \$1 - 21P 2. 4 CITY - ST - ZIP DELETE Addit TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE LIDDA L NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP ☐ DELETE TITLE 5.1 TITLE Change Addit NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - S1 - ZIP 5.4 CITY - ST - ZIP DELETE DILE 6.1 TITLE Change Addit NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP 6.4 CITY - ST - ZIP 14. I nereby certify that the information supplied with this filing indicated on this annual report or supplemental annual report of continuous conference of the corporation or the operation of the corporation or the operation of the corporation or the operation of the corporation of the operation of the corporation of the operation of the oper has not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati-isgrue and accurate and that my signature all have the same legal effect as if made under oath; that I am are improved to execute this sport as a uppears in I by Chapter 17. Florida Statutes; and that my name appears in

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