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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

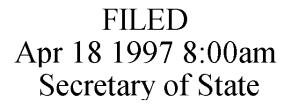
DOCUMENT # J13534

(9)

INTERNATIONAL HEALTH & BUSINESS MANAGEMENT, INC.

Principal Place of Business Mailing Address

10608 ORANGE GROVE DR. 10608 ORANGE GROVE DR. TAMPA FL 33618 TAMPA FL 33618-3939





TAMPA FL 33618				TAMPA FL 33618-3939									
2. Principal Place of Business									ate Incorporated or	Qualified		e of Last F 5/1996	Report
L			2a	2a. Mailing Address				1	l Number		· · · · · · · · · · · · · · · · · · ·	A	pplied For
21			26					59-2708247 Not Applicable					
Sulte, Apt. #, etc.			-	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional					
22			27	City & State			Fee Required						
City & State			28	-า ้				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Zip Country			Zip Country									
24	25	n '	29]	30	y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\bigcirc \) No					
9. Name and Address of Current				stered Agent				10. Name and Address of New Registered Agent					
BAN	OOB, SAMIR					81	Name						
1060		}	82 Street Addre			Box Number is No	Acceptab						
	PA FL 33618					-	Silect Add	aress (1 .O.	DOX NUMBER 18 NO	neceptab	iic)		
] ·					ĺ	83							
					ŀ	84	City					85 Zip	Code
							•				FL	'	
11. Pursuant office or r agent, i a	to the provision egistered agen m familiar with,	s of Sections 607.05 t, or both, in the Stat and accept the oblig	02 and 6 e of flor galions c	607.1508, Florida Statu ida Such change was of, Section 607.0505, F	ules, the ab authorized Jorida Stati	ove by utes	-named corp the corpora	rporation si ation's boa	ubmits this stateme rd of directors. I her	nt for the p reby accep	urpose of continuous of the appointment of the appo	changing i intment as	ts registered registered
SIGNATURE	Stonature, byped by c	Printed name of registered ag	ion and title	NC devadeship (NC	11 : Bagielorari	Ages	nt signature raqui	wired when sein	etat no)		DATE		
12.	Ogradore, types or p	OFFICERS AN			13.	ндел	ii. aigitalore taqui		DITIONS/CHANGES	TO OFFIC		DIRECTOR	RS IN 12
TITLE	PSD			DITETE	1.1 10	LE	· I					Change	Addition
NAME	BANOOB, S				1.2 NA	ME							
STREET ADDRESS		NGE GROVE DR.			1.3 STI	REET A	ADDRESS						
CITY-ST-ZIP	TAMPA FL				1.4 CIT	Y - S1	- 7)P						
TITLE	VTD			☐ DELETE	2.1 111	ŧΕ						Change	☐ Addition
NAME .	BANOOB, N				2.2 NA	ME							
STREET ADDRESS		NGE GROVE DR.			2.3 \$11	REFT A	ADDRESS						
CITY-ST-ZIP	TAMPA FL 3	3618		T per exe	2. 4 Cl		T - ZIP] at	11 7 7 7 7
TITLE "				☐ DELETE	3.1 117						L	Change	Addition
NAME	i				3 2 NA								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				DELETE	3.4. CI		1 - ZIP				Г	Change	Addition
NAME					4. 2 NA						L	Ununge	rioumon
STREET ADDRESS							ADDRESS						
City-St-ZiP					4.4 CIT								
TITLE				DELFTE	5.1 10		- 4"					Change	Addition
NAME					5.2 NAI	ME			•		_	-	
STREET ADDRESS					5.3 \$16	REET A	address						
CITY-ST-ZIP				,	5.4 CIT								
TITLE				DELETE	6.1 TIT				······································			Change	Addition
NAME					6.2 NAI	ME							
STREET ADDRESS					6.3 \$18	keen A	ADORESS						
CITY-ST-ZIP					6,4 CIT	<u> Y - S</u> T	- 21P						

14. Ido 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 eath; 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.

4/15/97 1813) 435 410