

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **J50373** (6)

1. Corporation Name
IBIZA DEVELOPMENT CORP.



Principal Place of Business 11020 N KENDALL DR STE 200 MIAMI FL 33176	Mailing Address 11020 N KENDALL DR STE 200 MIAMI FL 33176
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1986	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2751236	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
**GARCIA, VICENTE
11020 N KENDALL DR
STE #200
MIAMI FL 33176**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. 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 registered office or 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	11020 N KENDALL DR 200	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	MIAMI FL	2.1 TITLE	2.2 NAME
TITLE	VTSD	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
NAME	GARCIA, ENRIQUE	3.1 TITLE	3.2 NAME
STREET ADDRESS	11020 N KENDALL DR 200	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP	MIAMI FL	4.1 TITLE	4.2 NAME
TITLE	VPD	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
NAME	VICENTE, GARCIA JR.	5.1 TITLE	5.2 NAME
STREET ADDRESS	11020 N. KENDALL DR., 200	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP	MIAMI FL	6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

14. I 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 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  2/11/98 274-3889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0244295

CR2E034 (10/97)