

FILED  
May 21 1998 8:00am  
Secretary of State



1. Corporation Name  
**IBEX FINANCIAL CORP.**

Principal Place of Business	Mailing Address
2333 PONCE DE LEON BLVD. SUITE 650 CORAL GABLES FL 33134 US	2333 PONCE DE LEN BLVD. SUITE 650 CORAL GABELS FL 33134 US

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
<b>21</b>		<b>26</b>		<b>65-0112941</b>		<b>Not Applicable</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>23</b>		<b>28</b>					
Zip	Country	Zip	Country				
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GUTTMAN, RICHARD		81	Name
2333 PONCE DE LEON BLVD. #650		82	Street Address (P.O. Box Number is Not Acceptable)
SUITE 510		83	
CORAL GABLES FL 33134		84	City
		85	Zip Code

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

Signature, typed or printed name of regulated agent and fee if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	
NAME	BLANCO, FRANCISO, JR.	1.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	ROSADO, JOSE F.	2.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #650	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	GUTTMAN, RICHARD	3.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #650	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

**SIGNATURE**

CR2E034 (10/97)