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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K32032

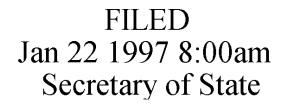
(0)

IBENGA COMPANY

Principal Place of Business
% ARAZOZA & COMAS PA 101 MADEIRA AVE

Mailing Address

% ARAZOZA & COMAS PA





101 MADEIRA CORAL GABL	AVE ES FL 33134-4515	101 MADEIRA AVE CORAL GABLES FL 33134	-4515				
00.0.0					 Date Incorporated or Qualified 08/30/1988 	3a. Date of Last 03/11/1996	
	Place of Business	2a. Mailing Address			4, FEI Number		Applied For
21		26			98-0060150		lot Applicable
Suite, Apt 22	t. #. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & Sta	ate	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for in		s. 199.032,
24	25	29	30			Yes 🔀 No	
	g. Name and Address of Curre				10. Name and Address of New Reg	alstered Agent	
	azoza,comas de Torres, et	r, P.A.	81	Name			
	1 MADEIRA AVE		B	Street	Address (P.O. Box Number is Not Acceptab	le)	
CC	DRAL GABLES FL		8:	1		· · · · · · · · · · · · · · · · · · ·	
				<u> </u>			
			84	City		FL 85 Zip	Code
office or agent. I	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was a	authorized b	y the corp	corporation submits this statement for the proporation's board of directors. I hereby acception	urpose of changing it the appointment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable (NOT	E Registered Ag	ent signature	required when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PDS	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	RAPHAEL, ALBERTO		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			J
C(TY-ST-ZIP	CORAL GABLES FL		1.4 CITY-	ST-ZIP			
TITLE		□ DELETE	2.1 TITLE		VPT	☐ Change	Addition
NAME			2.2 NAME		Raphael, Millie		
STREET ADDRESS			2.3 STREE	T ADDRESS	c/o 101 Madeira Ave.		
CITY-ST-ZIP			2. 4 CITY	- ST - ZIP	Goral Gables, FL 3313	4	
TITLE	ļ	☐ DELETE	3.1 TITLE		00202	Change	Addition
NAME			3.2 NAME		1		
STREET ADDRESS	6			T ADDRESS	' <u>'</u>		
CITY-ST-ZIP		☐ DELETE	3 4. CITY	-ST-ZIP	<u> </u>	Change	Addition
TITLE		☐ DELETE	41 TITLE			Ti cusube	Addition
NAME	•		4. 2 NAM				ĺ
STREET ADDRESS				T ADDRESS		e e	
CITY-ST-ZIP		DELETE	4.4 CITY-			Change	Addition
TIFLE		ובין טבונוג	5.1 TITLE			Fill cliange	
NAME expect appared			5.2 NAME				
STREET ADDRESS			- 1	T ADDRESS			I
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE			Change	Addition
NAME		Las October	6.2 NAME			vialige	AUUMOI I
STREET ADDRESS	.						
STREET ADDRESS	'			T ADDRESS			
PH1-21-74.	_ [6.4 CITY	21.715	l		

14. I do 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 [that ged, or on an attachment with an address.]

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO RAPHEAL

Daytima Prione #