

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K32032

1. Corporation Name
IBENGA COMPANY

Principal Place of Business
**% ARAZOZA & COMAS PA
101 MADEIRA AVE
CORAL GABLES FL 33134-4515**

Mailing Address
**% ARAZOZA & COMAS PA
101 MADEIRA AVE
CORAL GABLES FL 33134-4515**

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90115 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1988

4. FEI Number

98-0060150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ARAZOZA, COMAS DE TORRES, ET, P.A.
101 MADEIRA AVE
CORAL GABLES FL**

10. Name and Address of New Registered Agent

81 Name **Arazoza, Comas, de Torres &
Fernandez-Fraga, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)
2100 Salzedo Street

83 **Suite 300**

84 City **Coral Gables,** **FL** 85 Zip Code **33134**

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

Managing director

2/2/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PDS**
STREET ADDRESS **RAPHAEL, ALBERTO**
CITY-ST-ZIP **C/O 101 MADEIRA AVE.
CORAL GABLES FL**

TITLE ☐ DELETE
NAME **VPT**
STREET ADDRESS **RAPHAEL, MILLIE**
CITY-ST-ZIP **C/O 101 MADERIA AVENUE
CORAL GABLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

ALBERTO RAPHAEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-99

Date

Daytime Phone #

CR2E034 (1/98)

0196555