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

May 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K61263 1. Corporation Name IBC International S.A. Corporation Principal Place of Business Mailing Address 100 SE Second Street 2 Biscayne Blvd. DO NOT WRITE IN THIS SPACE 2315-A 113729 Date Incorporated or Qualified Miami, Florida 33131 Miami, Florida 33131 1/26/89 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0095539 21 Not Applicable Suite, Apt. #, etc. Sulte, Apt, #, etc. Certificate of Status Desired X \$8.75 Additional Fee Required City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Zin Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent IBC Fiduciary Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street Suite 2315-A City Zin Code Miami, Florida 33131 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. D/P/as TITLE 1.1 TITLE Addition DELETE Change Henley, J. 444 Brickell Av.#51-246 NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST - ZIP Miami, Florida 33131 X DELETE TITLE 2.1 TITLE ★ Change ☐ Addition AS HENNING, U. 444 Brickell Ave NAME Henning, U.
STREET ADDRESS 444 Brickell Av. #51-246 2.2 NAME 2.3 STREET ADDRESS # 51-246 Miami, Florida 33131 2.4 CITY - ST - ZIP CITY - ST - ZIP V-AS-AT DELETE TITLE 3.1 TITLE Change X Addition Carbayo, E. NAME 3.2 NAME RIVAS, 444 Brickell Av. #51-246 3.3 STREET ADDRESS 444 Brickell Ave. # 51-246 Miami, FL 33131 STREET ADDRESS CITY - ST - ZIP Miami, Florida 33131 3.4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition AS -V Change NAME 4.2 NAME DELLAVEDOVA, A. 444 Brickell Ave. # 51-246 STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Miami, FL 33131 TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP 900002**5291**5914dillon TITLE DELETE 6.1 TITLE -05/19/98--01008--006 NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** ***158.75 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

A. Dellavedova

4/29/98

(305)358-4441

Daytime Phone #

anged, or on an attachment with an address.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

my name appears in Block 12 or Block

SIGNATURE: