FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K72296** **(2)**

1. Corporation Name
IRBP INVESTMENTS, INC.

Principal Place of Business	Mailing Address
21230 SW 97 CT MIAMI FL 33189 US	21230 SW 97 CT MIAMI FL 33189 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/13/1989	03/14/1994

2. Principal Place of Business	2a. Mailing Address
21 8890 S.W. 129 TERR	26 8890 S.W. 129 TERR
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 MIAMI FL.	City & State 28 MIAMI FL
Zip / County 24 33176 / 25 DADE	Zip / County 29 33176 / 30 DADE

4. FEI Number: 65-0256305 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTIN, JAMES 21230 SW 97 CT MIAMI FL 33189	81 ~~Name~~ JAMES MARTIN 82 Street Address (P.O. Box Number is Not Acceptable) 8890 S.W. 129 TERR. 83 84 City MIAMI FL 85 Zip Code 33176

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: J.E. MARTIN 4/27/95
Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	MARTIN, J. E.	12 NAME	
STREET ADDRESS	21230 SW 97 CT	13 STREET ADDRESS	8890 S.W. 129 TER
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL 33176
TITLE	S	21 TITLE	V.P.-S ☒ Change ☐ Addition
NAME	NALE, JEFF	22 NAME	THOM MEDITZ
STREET ADDRESS	21230 SW 97 CT	23 STREET ADDRESS	8890 S.W. 129 TERR
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI FL. 33176
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: J.E. MARTIN 4/27/95 (305)252-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0208387 CP