

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90391 030 ***150.00

00076860 AT

DOCUMENT # P02000126719

1. Entity Name
VIB INTERNATIONAL, CORP.



Principal Place of Business
**1290 WESTON ROAD SUITE 306
WESTON FL 33326**

Mailing Address
**1290 WESTON ROAD SUITE 306
WESTON FL 33326**

2. Principal Place of Business
**1 FINANCIAL PL, STE 115
STE 115
FORT LAUDERDALE, FL
33394-0002**

3. Mailing Address
**2910 POINT EAST DR
APT M408
AVENTURA, FL
33160**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**GBS CONSULTANTS
1290 WESTON ROAD SUITE 306
WESTON FL 33326**

4. FEI Number
02-0654208

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	PSD IRWIN, ALFONSO	<input type="checkbox"/> Delete
STREET ADDRESS	1290 WESTON ROAD SUITE 306	
CITY-ST-ZIP	WESTON FL 33326	
TITLE NAME	VTD GONZALEZ, ADRIANA	<input type="checkbox"/> Delete
STREET ADDRESS	1290 WESTON ROAD SUITE 306	
CITY-ST-ZIP	WESTON FL 33326	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adriana Gonzalez **ADRIANA GONZALEZ** VICEPRESIDENT **04/30/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)