

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90621 001 ***450.00

DOCUMENT # P03000034649

1. Entity Name
INTERNATIONAL BANC INSURINVEST, INC,



Principal Place of Business
121 ALHAMBRA PLAZA
CORAL GABLES, FL 33134

Mailing Address
121 ALHAMBRA PLAZA
CORAL GABLES, FL 33134

66004712



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
10-2529180

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALENTE, LUIS A
121 ALHAMBRA PLAZA
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VALDES, ALBERTO
STREET ADDRESS 121 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VDT
NAME PRESTAMO, ALBA M
STREET ADDRESS 121 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SD
NAME ROSSEL, GUILLERMO
STREET ADDRESS 121 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V
NAME PEREZ, JORGE L
STREET ADDRESS 121 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

Date

(305) 459 8456

Daytime Phone #