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 11 PM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33152 (0)

1. Corporation Name
BROOKWOOD FARM LIMITED, INC.

Principal Place of Business
P.O. BOX 370
VERO BEACH FL 32961

Mailing Address
P.O. BOX 370
VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2990567 [ ] 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. [illegible] Florida Statutes [ ] Yes XX No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

KAHLE, GEORGE A., JR.
6020 FIFTH STREET SOUTHWEST
P.O. BOX 370
VERO BEACH FL 32961

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	KAHLE, GEORGE A., JR.
STREET ADDRESS	P.O. BOX 370
CITY-ST-ZIP	VERO BEACH FL
TITLE	VD
NAME	BROOKS, N. P.
STREET ADDRESS	P.O. DRAWER 9
CITY-ST-ZIP	HOMESTEAD FL
TITLE	SD
NAME	PEREZ, T. RENE
STREET ADDRESS	P.O. BOX 370
CITY-ST-ZIP	VERO BEACH FL
TITLE	T
NAME	DESSAINT, LOUIS C.
STREET ADDRESS	41 SEA SPRAY LANE
CITY-ST-ZIP	FREEPORT,BAHAMAS
TITLE	D
NAME	RICHARDSON, DANFORTH K.
STREET ADDRESS	P.O. BOX 370
CITY-ST-ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	SECRETARY	XX Change [ ] Addition
1 NAME	PEREZ, TOMAS RENE	
1 STREET ADDRESS	2019 Cortez Avenue	
1 CITY-ST-ZIP	~~Vero BEach, Fla. 32960~~	
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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(1)(a), 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.

SIGNATURE: [signature] Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/95 Date
407 562-1457 Daytime Phone

0074832 CP

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

DOCUMENT # **P33237** **(9)**

1. Corporation Name

INTERNATIONAL BUSINESS BENEFITS, INC.

Principal Place of Business	Mailing Address
900 ISOM RD., STE. 302 SAN ANTONIO TX 78216	900 ISOM RD., STE. 302 SAN ANTONIO TX 78216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/19/1991**
3a. Date of Last Report: **09/01/1994**
4. FEI Number: **74-2593971** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MAIN, CINDY
STREET ADDRESS	900 ISOM RD., STE. 302
CITY-ST-ZIP	SAN ANTONIO TX
TITLE	VP
NAME	SERRATA, RUDY
STREET ADDRESS	900 ISOM RD., STE. 302
CITY-ST-ZIP	SAN ANTONIO TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Second entry: ☒ Change ☐ Addition — Delete

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 if changed, or on an attachment with an address.

SIGNATURE: Cynthia H. Main — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/08/95 Daytime Phone: 210-340-8125

0478819 FP