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

Mailing Address

STE 650

2333 PONCE DE LEON BLVD

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000009621 (3)

14. I do hereby certify that the information supplied with this filing doe

SIGNATURE:

IBEX INVESTMENT CORP.

Principal Place of Business

2333 PONCE DE LEON BLVD

STE 650

CORAL GABLE	S FL 33134		CORAL GABLES FL 33134-5418									
US		U\$				12	3. Date Incorporated or Qualified 12/04/1992 Sa. Date of Last Report 06/05/1996					
2. Principa' F	lace of Business	2a. Mailing Address					l Number	· 	A	Applied For		
21		26					6	5-0383713		N	ot Applicable	
Suite Apt.	# etc.	Suite	Suite, Apt. #, etc.					ardinate at Oant in District		\$8.75	Additional	
22		27	7				5. Ce	rtificate of Status Desired		Fee F	Required	
City & Stal	le	City	& State				6. Ele	ction Campaign Financing		\$5.00	May Be	
23		28						st Fund Contribution			i to Fees	
Zip	Country	Zip		Coi	untry		·····	s corporation has liability for i	ntangible	tax under	s 199 032	
24	25	29		30		•	1 **		Yes [
	g. Name and Address of Current		J Agent	12.21	Τ	·····		me and Address of New Re	stered /	Agent		
GUTTMAN, RICHARD					81	Name						
	3 PONCE DE LEON BLVD.											
	650				82	Street Add	ddress (P.O.	Box Number is Not Acceptab	le) .			
	-				83							
60	RAL GABLES FL 33134				"							
					84	City				85 Zip	Code	
									<u> </u>			
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of an familiar with, and accept the obligations.	of Florida. St	uch change was -	authorize	ed by	the corpor	orporation su ration's boar	ubmits this statement for the p id of directors. I hereby accep	urpose of it the appr	changing ointment a	its registered s registered	
SIGNATURE												
SIGNATION.	Signature, typed or printed name of registered agen	r and title if appli	icable (NDT	TE Registere	ed Age	nt signature req	quired when reins	slating)	DATE			
12.	OFFICERS AND	DIRECTOR		13.			ADC	ITIONS/CHANGES TO OFFIC	ERS AND		***************************************	
THTLE	DP		DELETE	1.1 T	ITLE					Change	Addition	
NAME	ROSADO, JOSE F			1.2 N	IAME	İ						
STREET ADDRESS	2333 PONCE DE LEON BLVD.,	STE 650		1.3 5	TAEET	address						
City-St-Zif	CORAL GABLES FL				ITY-S							
Title	V		DELETE	2.1 T						Change	Addition	
NAME	BLANCO, FRANCISCO E.			2.2 N								
	2333 PONCE DE LEON BLVD,	STE 650				ADDRESS						
STREET ADDRESS	CORAL GABLES FL	012 000		1		· · · · · · · · · · · · · · · · · ·						
CITY - ST - ZIP	S	······································	T OF LETT		CITY-S	T-ZIP				Channe	☐ Addition	
₹ITL€	i *		☐ DELETE	3.1 T						Change	Addition	
NAME	GUTTMAN, RICHARD	ATC ACA		3.2 %	IAME							
STREET ADDRESS	2333 PONCE DE LEON BLVD.	SIE BOU		338	STREET	ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL			3.4.1	CITY - S	1-2IP						
TITLE	1		DELETE	4 1 T	ITLE	1				Change	Addition	
NAME	ĺ			4.2	NAME	i						
STREET ADDRESS				4.3.5	STREET	ADDRESS						
CITY-ST-Z-P				440	R-YTK	T-21P						
TITLE		***************************************	DELETE	517						Change	☐ Addition	
NAME				521	AMF	1						
i						ADDRESS						
STREET ADDRESS	1					Į.						
CITY - ST - ZIP	ļ		DELETE		ITY-S	1-ZIP			 	Change	Addition	
TITLE			Photograph	611		-				L. Litalige	L ADDITION	
NAME					IAME							
STOCK LADIDECO	i			■ 620	TOPET	Annesee						

I do hereby certify that the information supplied with this filling does not quality by the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual eport is do 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 end owered 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 man affect with an address.