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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

I. Corporation IBEX II	CE of Business	Mailing Address		
2333 PONCE DE LEON BLVD STE 650		2333 PONCE DE LEON STE 650	BLVD	
CORAL GABLES FL 33134		CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE
ÜŜ		US		3. Date Incorporated or Qualified 12/04/1992
2. Principal f	2. Principal Place of Business 2a. Mailing Address			4, FEI Number Applied For
21 26 26			65-0383713 Not Applicable	
27				5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 6.
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Ζiρ	Country	Zıp	Country	8. This corporation owes or has paid the current year Intangible
24	25 g. Name and Address of Curre	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
^1		пи недівівіви жувін	81 Nam	
	JTTMAN, RICHARD 33 PO NCE DE LEON BLVD.			
· ·	STE 650			et Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			83	
			64 City	85 Zip Code
				FL ()
SIGNATURE	Signature, typed or printed name of registered a	gest and etkest applicable (NC	I∤: Registered Agent signa	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
12.	OF ICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	ROSADO, JOSE F		1.2 NAME	Containge Z Notation
STREET ADDRESS	AREA DOLLOT DE LEGUL DUES ATE ATA		1.3 STREET ADDRES	22
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY - ST - ZIP	~
TITLE	DV	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLANCO, FRANCISCO E.		2.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLV	D, STE 650	23 STHEET ADDRES	is (
CITY-ST-ZIP	CORAL GABLES FL	T per e-a	2 4 CITY-SI-ZIP	
TITLE	S CHITHAN DICHARD	DELETE	3.1 TITLE	Change Addition
NAME	GUTTMAN, RICHARD	ח פדב פבת	3.2 NAME	\
STREET ADDRESS	2333 PONCE DE LEON BLV CORAL GABLES FL	ט. פוב סטע	3.3 STREET ADDRES	55
CITY-ST-ZIP TITLE	COUNT OUNTED LT	DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	is
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	s
CITY-ST-ZIP		No. Fra	5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS	I		6.3 STREET ADDRES	is į

14. Thereby 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 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 relative of 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 attack with an address.

6.4 CITY-ST-ZIP

FILED

May 18 1998 8:00am

Secretary of State