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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEFARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300005102

1. Corporation Name

INTEFINATIONAL BUSINESS OF AMERICA, INC.

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Principal Flace of Business Mailing Address										. ,,,,,				
7791 NW 42 PL CORAL SPEING		7791 NW 42 PL CORAL SPRINGS FL 33035												
					DO NOT WRITE IN THIS SPACE									
							,		corporated /1993	or Qualifed	I			
2. Principal P	ace of Business	2a. Mailing Address					FEI N					Ap	lied For	
21			26				65-0383380					No	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.							Donisad		\$8.	75 A	dditional
22							5.	Ceruica	ite of Status	Desired		Fe	e Re	quired
City & State			City & State				6. 6	Election	n Campaign	Financing		\$5	.00	<b>иау Ве</b>
<u></u>			28				7	Frust F	und Contrib	ution		Ad	ded to	Fees
Zip Country			Zip	)—————————————————————————————————————			8.	This co	rporation ov	ves the cur	rent year Ir	itangible		
24	25		29 3	0		<u> </u>			al Property			Yes		□No
	9. Name and Add	ress of Curren	Registered Agent	_			10.	Name :	and Addres	s of New	Registered	Agent		
D	7DAN MARIA 0			81	1	Name								
BELTRAN, MARIA G				82	2 5	Street Addr	ress (P.	O. Box	Number is	Not Accept	able)			
7791 NW 42 PL														
COR	AL SPRINGS FL 33	COU		83	il .									
				84	1	City					FI	85	Zip C	ode
11. Pursuant	to the provisions of Se	ctions 607 050	2 and 607.1508, Florida Statutes	the abov	/e-n:	amed com	poration	submi	s this stater	nent for the		f changir	o its i	egistered
office cr n	egistered agent, or bo	:h, in the State	of Florida. Such change was autitions of, Section 607.0505, Florid	horized by	/ the	corporation	on's boa	ard of d	irectors. I h	ereby acce	pt the apro	ointment a	as reg	stered
SIGNATURE		·———						<del></del>			DATE			
	Signature, typed or printed na		t and title if applicable. (NOT :: R	<u> </u>	nt sig	gnature require			INS/CHANC	ES TO OF		ND DIPE	CTO	S IN 12
TITLE	D	OFFICERS AN	DELETE	13.			AI	אוועט	MS/CHANC	10 OF	FICENS A	☐ Cha		Addition
1	BELTRAN, MARIA	G		1.2 NAME		}							•	_
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CITY-ST-ZIP TITLE	D	TL 33003		2.1 TITLE	51-Zi							☐ Cha	nae -	Addition
	BELTRAN, RAPHA	LEI	E bettere	22 NAME										
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STREET ADDRESS		CI		ł		1								
CITY-ST-ZIP	CORAL SPRINGS D	FL	DELETE	2. 4 CITY-5 3.1 TITLE	51-Z							☐ Cha	nge _	☐ Addition
TITLE	_	<b>c</b>		3.1 IIILE									·9-	
NAME	BELTRAN, HILDA E 158 7791 NW 42 PL		•	3.3 STREET ADDRESS		noses								
STREET ADDRESS	CORAL SPRINGS FL													
CITY-ST-ZIP	CURAL SPRINGS	<u>rl</u>	☐ DELETE	3.4. CITY- S 4.1 TITLE	Si-Zi							Cha	ange	Addition
TITLE			- DELETE	4.1 IIILE		ļ							J.	
NAME				1		OBECC								
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NAME				5.3 STREE		nress								
STREET ADDRESS				I										
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NAME				6.2 NAME		OBECC								
STREET ADDRESS				6.3 STREE										
CITY-ST-ZIP				6.4 CITY-S	ST-ZY	P								

14. Thereby certify that the information supplied with this filling 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 a nual 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 or an attachment with an address, with all other like empowered. address, with all other like empowered.

SIGNATURE: \_

OR DIRECTOR

CR2E034 (11/98)