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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P93000017864

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am FLORIDA DEPARTMENT OF STATE Secretary of State Katherine Harris

03-11-1999 90100 017 ***150.00

IBERO INVESTMENTS, INC. Principal Place of Business Mailing Address 4700-36 S.W. 75TH AVE. 9100 SW 68TH ST MIAMI FL 33173 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 03/09/1993 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 65-0466935 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip □No Personal Property Tax. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FERNANDEZ, MANUEL 82 Street Address (P.O. Box Number is Not Acceptable) 9100 SW 68TH ST **MIAMI FL 33173** 83 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change 1.1 TITLE TITLE FERNANDEZ, MANUEL 1.2 NAME NAME 9100 SW 68TH ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33173** 1 4 CITY-ST-ZIP CITY-ST-ZIP OELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 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, with all other like empowered.

64 CITY-ST-ZIP

CITY-ST-ZIF

3-10-99 Date

305-883-6616

Daytime Phone #

CR2E034 (11/98)