

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT *
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000024017 (4)

1. Corporation Name

FIBA HEALTHCARE CORP.

96 SEP 10 AM 11:59



Principal Place of Business

Mailing Address

2001 PALM BEACH LAKES
SUITE 301
WEST PALM BEACH FL 33409

P.O. BOX 631
LAKE WORTH FL 33460

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified
03/31/1993

3a. Date of Last Report
09/28/1995

4. FEI Number

65-0374889

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

9. Name and Address of Current Registered Agent

ILONZO, GODFREY O
5641 LAFAYETTE ST.
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name

GODFREY ILONZO

82 Street Address (P.O. Box Number is Not Acceptable)

2001 PALM BCH LAKES # 301

83

84 City

WEST PALM BEACH FL

85 Zip Code

33409

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME ILONZO, GODFREY O
STREET ADDRESS 5641 LAFAYETTE ST.
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE VP
NAME ILONZO, BONA
STREET ADDRESS 5641 LAFAYETTE ST.
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE VP
NAME ILONZO, NICOLE
STREET ADDRESS 5641 LAFAYETTE ST.
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE VP
NAME ILONZO, GODFREY
STREET ADDRESS 5641 LAFAYETTE ST.
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE CEO
12 NAME GODFREY ILONZO
13 STREET ADDRESS 2001 PALM BCH LAKES SUITE 301
14 CITY-ST-ZIP WEST PALM BCH, FL 33409

21 TITLE BONA ILONZO
22 NAME DIRECTOR
23 STREET ADDRESS 2001 PALM BEACH LAKES
24 CITY-ST-ZIP WEST PALM BEACH, FL 33409

31 TITLE DIRECTOR
32 NAME NICOLE ILONZO
33 STREET ADDRESS 2001 PALM BEACH LAKES
34 CITY-ST-ZIP WEST PALM BCH, FL 33409

41 TITLE DIRECTOR
42 NAME GODFREY ILONZO
43 STREET ADDRESS 2001 PALM BCH LAKES
44 CITY-ST-ZIP WEST PALM BCH, FL 33409.

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GODFREY ILONZO

9/9/96 (561)
697-6395.