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Jul 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000024017 (4)

1. Corporation Name
FIBA HEALTHCARE CORP.

Principal Place of Business
2001 PALM BEACH LAKES
SUITE 301
WEST PALM BEACH FL 33409

Mailing Address
P.O. BOX 631
LAKE WORTH FL 33460-0631



3. Date Incorporated or Qualified 03/31/1993
3a. Date of Last Report 09/10/1996

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0374889 | | <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 23 | | 28 | | 29 | | 30 | |
| Zip | | Country | | Zip | | Country | |
| 24 | | 25 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

ILONZO, GODFREY O
2001 PALM BEACH LAKES #301
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 GODFREY ILONZO

Godfrey Ilonzo

7/7/97

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

(NOTE: Registered Agent Signature Required When Reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | CEO | 1.1 TITLE | |
| NAME | ILONZO, GODFREY O | 1.2 NAME | |
| STREET ADDRESS | 2001 PALM BEACH LAKES | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | |
| NAME | ILONZO, BONA | 2.2 NAME | |
| STREET ADDRESS | 2001 PALM BEACH LAKES | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | ILONZO, NICOLE | 3.2 NAME | |
| STREET ADDRESS | 2001 PALM BEACH LAKES | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | |
| NAME | ILONZO, GODFREY | 4.2 NAME | |
| STREET ADDRESS | 2001 PALM BEACH LAKES | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: GODFREY ILONZO *Godfrey Ilonzo* 7/7/97 (561) 697-6395

CR2E034 (9/96)