SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 AM 11:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000037529 (3)**

1. Corporation Name
IBERTRONIC CORPORATION

Principal Place of Business	Mailing Address
~~89 NE 2 AVE~~ ~~MIAMI FL 33132~~ ~~US~~	~~39 NE 2ND AVE~~ ~~MIAMI FL 33132~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1993
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business	2a. Mailing Address
21 880 North Shore Dr.	26 880 North Shore Dr.
Suite, Apt. #, etc. 22 MIAMI BEACH	Suite, Apt. #, etc. 27
City & State 23 MIAMI BEACH	City & State 28 MIAMI BEACH,
Zip / Country 24 33141 / 25	Zip / Country 29 33141 / 30

4. FEI Number: 65-0421104 ☐ 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

~~SCHIFFRIN, MICHAEL~~
ONE S.E. THIRD AVE. #1400
SUN BANK INTERNATIONAL CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Michael Schiffrin
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☑ Change ☐ Addition
TITLE	PDS	1.1 TITLE	
NAME	MAMANE, HABIB	1.2 NAME	MAMANE HABIB
STREET ADDRESS	~~39 NE 2ND AVE~~	1.3 STREET ADDRESS	880 North Shore Drive
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	MIAMI BEACH, fl. 33141
TITLE	SDS	2.1 TITLE	☑ Change ☐ Addition
NAME	~~MAMANE, FORTUNE~~	2.2 NAME	MAMANE FORTUNA
STREET ADDRESS	~~39NE 2ND AVE~~	2.3 STREET ADDRESS	880 North Shore Drive
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	MIAMI BEACH, fl. 33141
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: _____ (305) 866 5704
DIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MAMANE HABIB

0066090 CP