FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

CORPORATION DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000039506 (9)

HIB INTERNATIONAL CORP.

10334 S.W. 139 PLACE
MIAMI FL 33186

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MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0411256 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contributor: $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes: Yes / X No

9. Name and Address of Current Registered Agent

SCHOTT, SOFIA V
10334 SW 139 PLACE
MIAMI FL 33186

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 Section 607.0505 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, and it is hereby authorized by the corporation's board of directors, hereby accept the appointment as registered agent, and familiar with, and accept the obligation of, the position of Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	IBARRA, RICARDO
STREET ADDRESS	10334 SW 139 PLACE
CITY	MIAMI FL
TITLE	D
NAME	OROZCO, LUIS C
STREET ADDRESS	10334 SW 139 PLACE
CITY	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 1.01(3) of the Florida Statutes. Further certify that the information indicated on this form and any attachment 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 of Florida Statutes; and that my name appears in Block 12 or Block 13 of changed or corrected information with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0202937 CP