

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 20 1997 8:00am
Secretary of State

DOCUMENT # P 93000046232
1. Corporation Name

IVAMBER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

6103 NW 7th AVE
MIAMI, FL 33127

6103 N.W. 7 AVE.
MIAMI FL 33127-1111

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 6/30/93		3a. Date of Last Report 08/05/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65 0419806		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRAHAM, W C 6103 NW 7 AVE MIAMI FL 33127				81. Name			
				82. Street Address (P.O. Box Number Is Not Acceptable)			
				83.			
				84. City			
				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

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	P	1.1 TITLE	
NAME	GRAHAM, W.C.	1.2 NAME	
STREET ADDRESS	6103 N.W. 7 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	400002200024
STREET ADDRESS		5.3 STREET ADDRESS	-06/03/97--01081--003
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
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:

5/15/97

CR2E034 (9/96)