

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP 11 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P93000071565 (4)

1. Corporation Name

INTERNATIONAL BROKERAGE EXCHANGE OF CENTRAL FLORIDA, INC.

Principal Place of Business

7041 GRAND NATIONAL DR.
SUITE #1280
ORLANDO FL 32819
US

Mailing Address

7041 GRAND NATIONAL DR.
SUITE #1280
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3235730

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 100 Alexandria

Suite, Apt. #, etc.

22 Blvd # 10

23 City & State
Orlando FL

Zip

24 32765

Country

25 U.S.A

2a. Mailing Address

26 100 Alexandria Blvd

Suite, Apt. #, etc.

27 # 10

28 City & State
Orlando FL

Zip

29 32765

Country

30 U.S.A

9. Name and Address of Current Registered Agent

FALLAH, SANYA
1173 ELM ST
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

Vienna Nemeth

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

1581 Carrington Ave

83

84 City

Winter Spring

FL

85 Zip Code

32765

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

Vienna Nemeth

Vienna Nemeth 8-9-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

POTS
FALLAH, SANYA
1173 ELM ST
OVIEDO FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice President
FALLAH, SANYA
1173 ELM ST
OVIEDO FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

President
Vienna Nemeth
1581 Carrington Ave
Winter Spring FL 32708

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP

President

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP

100002292361--8
-09/12/97-01131-017
****558.75 ****558.75

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP

6. TITLE NAME STREET ADDRESS CITY-ST-ZIP

7. TITLE NAME STREET ADDRESS CITY-ST-ZIP

8. TITLE NAME STREET ADDRESS CITY-ST-ZIP

9. TITLE NAME STREET ADDRESS CITY-ST-ZIP

10. TITLE NAME STREET ADDRESS 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.

CR2E034 (4/97)