

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

FILED

Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000071565 (4)

1. Corporation Name

INTERNATIONAL BROKERAGE EXCHANGE OF CENTRAL FLORIDA, INC.

Principal Place of Business

100 ALEXANDRIA BLVD.  
#10  
OWIEDO FL 32765  
US

Mailing Address

100 ALEXANDRIA BLVD.  
#10  
OWIEDO FL 32765  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1173 ELM ST	26 1173 ELM ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Oviedo FL	28 City & State Oviedo FL
24 Zip 32765	29 Zip 32765
25 Country U.S.A.	30 Country U.S.A.

3. Date Incorporated or Qualified

10/07/1993

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

9. Name and Address of Current Registered Agent

NEMETH, VIENNA  
1581 CARRINGTON AVENUE  
WINTER SPRINGS FL 32765

10. Name and Address of New Registered Agent

81 Name Sanya Fallah  
82 Street Address (P.O. Box Number is Not Acceptable)  
1173 elm st  
83  
84 City Oviedo 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

Sanya Fallah president

XX

4/8/98

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	P	<input checked="" type="checkbox"/> DELETE
NAME	NEMETH, VIENNA	
STREET ADDRESS	1581 CARRINGTON AVENUE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FALLAH, SANYA	
STREET ADDRESS	1173 ELM ST	
CITY-ST-ZIP	OWIEDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President
2.2 NAME	Fallah, Sanya
2.3 STREET ADDRESS	1173 ELM ST
2.4 CITY-ST-ZIP	OWIEDO FL 32765
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: XX

Ph [Signature]

4/8/98 407-931-2498

CR2E034 (10/97)