FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010930 (3)**

1. Corporation Name
IBO HOLDINGS, INC.

Principal Place of Business	Mailing Address
275 FONTAINEBLEAU BLVD. STE. 195 MIAMI FL 33172-4574	275 FONTAINEBLEAU BLVD. STE. 195 MIAMI FL 33172-4574

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 9230 SW 92 CT	26 9230 SW 92 CT	65-0475637 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State: MIAMI FL	28 City & State: MIAMI FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip: 33176 25 Country: USA	29 Zip: 33176 30 Country: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CACICEDO, RAMON R JR.
275 FONTAINEBLEAU BLVD.
STE. 195
MIAMI FL 33172-4574

10. Name and Address of New Registered Agent

81 Name: Gerald M LABAN
82 Street Address (P.O. Box Number is Not Acceptable): 9100 SW 92 CT
83
84 City: MIAMI FL 85 Zip Code: 33176

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: Gerald M Laban — 4/5/95
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	PVST	11 TITLE	PVST ☑ Change ☐ Addition
NAME	OPT-EYNDE, KLAUS	12 NAME	OPT-EYNDE, KLAUS
STREET ADDRESS	275 FONTAINEBLEAU BLVD. STE. 195	13 STREET ADDRESS	9230 SW 92 CT
CITY ST ZIP	MIAMI FL 33172-4574	14 CITY ST ZIP	MIAMI FL 33176
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	LABAN, ILSE	22 NAME	
STREET ADDRESS	9100 S.W. 92ND COURT	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33172-4574	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ilse Laban — 4-5-95 — 270-9046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100030 CP