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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 9:09

DOCUMENT # **P94000092649 (0)**

1. Corporation Name
INNOVATIVE BUSINESS TECHNOLOGIES, INC.

Principal Place of Business
7345 WEST 4TH AVENUE APT. 404
HIALEAH FL 33014

Mailing Address
7345 WEST 4TH AVENUE APT. 404
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21 180 NE 39 st
Suite, Apt. #, etc.
22 214
City & State
23 MIAMI, FLORIDA
Zip 24 33137 Country 25 U.S.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number 65-0542401 — 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 has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TOME, JAY R ESQ.
777 BRICKELL AVENUE STE. 1114
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name VA GASTESI, RAUL JR.
82 Street Address (P.O. Box Number is Not Acceptable) TWO DATRAN CTR. SUITE #1509
83 9130 SOUTH DADELAND BLVD
84 City MIAMI FL 85 Zip Code 33156

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: RAUL GASTESI, JR., ATTORNEY AT LAW
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	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	VAZQUEZ, OMAR R	12 NAME	VAZQUEZ, OMAR R.	
STREET ADDRESS	777 BRICKELL AVENUE STE. 1114	13 STREET ADDRESS	9130 SOUTH DADELAND BLVD	
CITY - ST - ZIP	MIAMI FL 33131	14 CITY - ST - ZIP	MIAMI, FLORIDA 33156	
TITLE	VD	21 TITLE	V.P.	☒ Change ☐ Addition
NAME	DIAZ, ALFREDO A	22 NAME	VARGAS, ARMANDO A.	
STREET ADDRESS	777 BRICKELL AVENUE STE. 1114	23 STREET ADDRESS	9130 SOUTH. DADELAND BLVD.	
CITY - ST - ZIP	MIAMI FL 33131	24 CITY - ST - ZIP	MIAMI FLORIDA 33156	
TITLE	SD	31 TITLE	SD	☐ Change ☐ Addition
NAME	VARGAS, ARMANDO A	32 NAME	VARGAS, ARMANDO A	
STREET ADDRESS	777 BRICKELL AVENUE STE. 1114	33 STREET ADDRESS	9130 SOUTH DADELAND BLVD,	
CITY - ST - ZIP	MIAMI FL 33131	34 CITY - ST - ZIP	MIAMI, FLORIDA. 33156	
TITLE	TD	41 TITLE	T.D.	☒ Change ☐ Addition
NAME	DIAZ, ALFREDO A	42 NAME	VAZQUEZ, OMAR R	
STREET ADDRESS	777 BRICKELL AVENUE STE. 1114	43 STREET ADDRESS	9130 SOUTH. DADELAND BLVD.	
CITY - ST - ZIP	MIAMI FL 33131	44 CITY - ST - ZIP	MIAMI, FLORIDA. 33156.	
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)(k), 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: PRESIDENT — 5/30/95 — (305)573-1922
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0000074 FP