

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000092649 (0)

1. Corporation Name

INNOVATIVE BUSINESS TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

180 NE 39TH ST
SUITE 216
MIAMI FL 33137
US

7345 WEST 4TH AVENUE APT. 404
HIALEAH FL 33014

3. Date Incorporated or Qualified
12/23/1994

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 3841 NE 2AVE

26 3841 NE 2AVE

4. FEI Number
65-0542401

Applied For
Not Applicable

22 Suite, Apt. #, etc.
#205

27 Suite, Apt. #, etc.
#205

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 33137 25 Country U.S.

29 Zip 33137 30 Country U.S.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASTESI, RAUL JR
TWO DATRAN CENTER SUITE 1509
9130 SOUTH DADELAND BLVD
MIAMI FL 33156

81 Name

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

83

84 City

FL 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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TPD
VAZQUEZ, OMAR R
9130 S DADELAND BLVD
MIAMI FL

☐ DELETE

11 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
VARGAS, ARMANDO A
9130 S DADELAND BLVD
MIAMI FL

☐ DELETE

12 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

16 CITY-ST-ZIP ☐ Change ☐ Addition

17 CITY-ST-ZIP ☐ Change ☐ Addition

18 CITY-ST-ZIP ☐ Change ☐ Addition

19 CITY-ST-ZIP ☐ Change ☐ Addition

20 CITY-ST-ZIP ☐ Change ☐ Addition

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37 CITY-ST-ZIP ☐ Change ☐ Addition

38 CITY-ST-ZIP ☐ Change ☐ Addition

39 CITY-ST-ZIP ☐ Change ☐ Addition

40 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96 (505) 575-1922
Date Daytime Phone #

CR2E034 (12/95)