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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

- 4 LOGINGET NICH LONG, CHINI CONNI CONNI CENTI CONO SIGNI CON CON CONTRA SIGNI CON CONTRA SIGNI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010525 (0)

INTERNATIONAL BANKERS CONSULTING GROUP, INC.

Principat Place of Business 2828 CORAL WAY SUITE 100 MIAMI FL 33145		Mailing Address 2928 CORAL WAY			- (188 (188) 118 (1816) \$1(11 45/11 48/11 48/11 49/11		B+ 84540 1100			
		SUITE 100 MIAMI FL 33145-3214								
					•	3. Date Incorporated or Qualified 02/07/1995	3a. Date 05/22	of Last R /1996	eporl	
 	Place of Business	2a. Mailing Address				4. FEI Number NOT APPLICABLE		├ `	oplied Fo	
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.				1101 VILLIOVOER		\$8.75	ot Applic	
22		27				5. Certificate of Status Desired Fee Required				ai
City & State		City & State			Election Campaign Financing Trust Fund Contribution Added to Fees)	
Zip Country		У ір	Country			8. This corporation has liability for i			. 199.03	i2.
24	25 25 Name and Address of Current	29 Registered Agent	[30]			Florida Statutes 10. Name and Address of New Reg	Yes			
MUE	ELLE, ALFONSO	negration rigorit	81	i [Name	IV. Italia and Addices of New Ites	JISTOTO AN			
2828 CORAL WAY SUITE 100 MIAMI FL 33145			82		Street Addr	ress (P.O. Box Number is Not Acceptable)				
			83							
MIN	MI FL 33 140			1		· · · · · · · · · · · · · · · · · · ·				
			84	1	City				Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	and 607,1508, Florida Statu of Florida, Such change was tions of, Section 607,0505, F	ites, the abov authorized b forida Statuto	/e-r y th	named corp he corporati	oration submits this statement for the pion's board of directors. I hereby accep	urpose of cl t the appoir	nanging it ntment as	s registe register	ed Od
SIGNATURE										
12,	Signature, typed or printed name of registereo ago: OFFICERS AND		11 Registered Ac	gent :	signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND F	DIBECTO	RS IN 12	<u> </u>
TITLE	D	DELETE	1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Add	
NAME	LEON, ANGEL		1,2 NAME	1,2 NAME						
STREET ADDRESS	4765 N. BAY RD. MIAMI BEACH FL 33140			1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	MIAMI DEACTI PL 33140	DELETE	1.4 C/1Y-	S1	7IP			Change	Add	dillon
NAME	NUELLE, ALFONSO		2.1 TRUE 2.2 NAME				L.] Gliange	□ 100	uitióii
STREET ADDRESS	9945 SW 64TH ST.		2.3 STREE		ODRESS					
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-ST-ZIP		ZIP					
TITLE		DELETE	3.1 TITLE					Change	Add	dition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-S1-ZIP TITLE			4.1 TITLE	3.4. C(TY - S1 - Z)P 4.1 TITLE				Change	Add	dition
NAME			4. 2 NAME				_	•	•	
STREET ADDRESS			4.3 S1REE	1 AD)DRESS					
CITY-ST-ZIP			4.4 CHY-	<u>S1-</u>	ZIP		<u>-</u>			
TITLE				5.1 TITLE			L	_ Change	∐ Add	dition
NAME CINCEL ADDRESS	•		5.2 NAME	1 • 0	onat ce					
STREET ADDRESS CITY-ST-ZIP				5.3 STREET ADDRESS 5.4 City+St-7IP						
TITLE		DELETE	6.1 TO LE	01.1		AND		Change	Ado	dition
NAME			6.2 NAME	6.2 NAME			-	-		
STREET ADDRESS			6.3 \$1REE1		DORESS					

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 Statules. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the corporation or the corporation of the corporation or the corporation of t