

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

FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000022463 (0)

1. Corporation Name
I.V.M. BUSINESS, INC.



Principal Place of Business 2812 NW 35TH ST MIAMI FL 33142 US	Mailing Address 2812 NW 35TH ST MIAMI FL 33142-5269 US
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2. Principal Place of Business 21 5801 BISCAYNE BLVD. Suite, Apt. #, etc.		2a. Mailing Address 26 5801 BISCAYNE BLVD. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/20/1995	3a. Date of Last Report 04/10/1996
22 City & State MIAMI, FL		27 City & State MIAMI, FL		4. FEI Number 65-0620746	Applied For <input type="checkbox"/> Not Applicable
23 Zip 33137		29 Zip 33137		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country U.S.		30 Country U.S.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent PALINSKY, ILYA 2812 NW 35TH ST MIAMI FL 33142				10. Name and Address of New Registered Agent 81 Name BARRY WASSERSTON 82 Street Address (P.O. Box Number is Not Acceptable) 5801 BISCAYNE BLVD 83 84 City MIAMI FL 85 Zip Code 33137	
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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 *Barry Wasserston* DATE **2/20/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	UZIEL, MORDEHAI			1.2 NAME			
STREET ADDRESS	2812 NW 35TH ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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 address.

SIGNATURE: *[Signature]* **3.20**

CR2E034 (9/96)