



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State 4 - 1

**DIVISION OF CORPORATIONS** 

**DOCUMENT** # 1. Corporation Name

P95000034026 (1)

INTERNATIONAL BUILDING PRODUCTS IMPORT/EXPORT US A INC.

FILED

96 SEP -4 AM 11: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| 70 110   |  |                             |   |  |   |
|--|--|-----------------------------|---|--|---|
| Principal Place of Business Mailing Address  |  |                             |   |  | BIFA DVIVO PILLI VIVIL VOLA ALBAF BILL IVOL |
| 8281 W. SUNRISE BLVD. 8281 W. SUNRISE BLVD   |  |                             |   |  |   |
| SUITE 1242   | SUITE 1242   |                             |   |  |   |
| PLANTATION FL 33322  | PLANTATION FL 33322  |                             |   | 3. Date Incorporated or Qualified                | 3a. Date of Last Report                     |
|  |  |                             |   | 04/26/1995                                       |   |
| 2. Principal Place of Business   | 2a. Mailing Address  |                             | •   | 4. FEI Number                                    | Applied For                                 |
| 21   | 26   |                             |   |  | Not Applicable                              |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |                             | •   | 5. Certificate of Status Desired                 | \$8.75 Additional                           |
| 22   | 27   |                             |   | S. Continuate of States Besides                  | Fee Required                                |
| City & State   | City & State   |                             |   | 6. Election Campaign Financing                   | 5.00 May Be                                 |
| 23   | 28   |                             |   | Trust Fund Contribution                          | Added to Fees                               |
| Zip Country  | Zip  | Country                     | 1   | 8. This corporation has liability for            |   |
| 24 25  |  | 30]                         | <del></del>   | Florida Statutes                                 | Yes No                                      |
| 9. Name and Address of Currer  | it Registered Agent  | 81                          | Name  | 10. Name and Address of New Re                   | igistered Agent                             |
| LEVI, RAYMOND  |  | °'                          | Name  |  | i   |
| 815 N.W. 57TH AVE.   |  | 82                          | 82 Street Address (P.O. Box Number is Not Acceptable) |  |   |
| SUITE 305  |  | ļ <u>.</u>                  | 00  |  |   |
| MIAMI FL 33126   |  | 83                          |   |  |   |
| 1  |  | 84                          | City  |  | FL 85 Zip Code                              |
| 4 Pursuant to the provisions of Sections 607 050   | 2 and 607 1508 Florida Statutes                                  | the above                   | a-named corn  | oration submits this statement for the n         |   |
| Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation. | of Florida Such change was autations of, Section 607.0505, Flori | thorized by<br>ida Statutes | the corporati   | on's board of directors. I hereby accep          | t the appointment as registered             |
| SIGNATURE  |  | . Bu illiania a a           |   | dub as principle (a)                             | DATE  |
| Signature, typed or printed name of registered age   | ID DIRECTORS   | 13.                         | eni signature requi                                   | red when reinstating)  ADDITIONS/CHANGES TO OFFI |   |
| TITLE JUSTPH GEMIGNA   |  | 1.1 TITLE                   | <u></u>   | ADDITIONS/OFFICIALIZED TO OFFI                   | Change Addition                             |
| 1 Page date  | ~ 1  | 1.2 NAME                    |   |  |   |
| Pon Plantalian 1709 d  |  |                             | T ADDRESS   |  |   |
|  | L 33317  |                             |   |  |   |
| TITLE Karen Gemignan   |  | 1.4 CITY - S<br>2.1 TITLE   | SI-ZIP  |  |   |
| MALLE Karon Gemignan<br>Secretary Treasu   | cer .  | 2.2 NAME                    | ,   | -09/25   | 79691025*-917***                            |
| NAME SCOTE IN THE STATE  | EDON Plantation Road   |                             |   | ****2  | 25.00 ****225.00                            |
| 1  | 33317  |                             | T ADDRESS   |  |   |
| CITY-ST-ZIP I QA I A I I CON   |  | 2.4 CITY -<br>3.1 TITLE     | \$1-ZIP   |  | Change Addition                             |
| Bober STep   | <i>//</i> C1   |                             |   |  | Svarige >identical                          |
| NAME EXECUTIVE VOT.  | e Blud 1207  | 3.2 NAME                    |   |  |   |
| of 14 El   | 33322  | 1                           | TADDRESS  |  |   |
| 1 1 2 1 1 2 1 1 2 1 2 2 2 2 2 2 2 2 2 2  |  | 3.4. CITY -                 | ST-ZIP  |  | Change Addition                             |
| TIFLE /  | DELETE   | 4.1 TITLE                   |   |  | L'1 QUEURE L'1 VOOIDIE                      |
| NAME   |  | 4. 2 NAME                   |   |  |   |
| STREET ADDRESS   |  |                             | T ADDRESS   |  |   |
| CITY-ST-ZIP  | I howeve   | 4.4 Offy-                   | S1-ZIP  | <del> </del>                                     | Chance Eddition                             |
| TITLE  | DELETE   | 5.1 TITLE                   |   |  | Change Addition                             |
| NAME   |  | 5.2 NAME                    |   |  |   |
| STREET ADDRESS   |  | 5.3 STREE                   | T ADDRESS   |  |   |
| CITY-ST-ZIP  |  | 5.4 CITY -                  | ST-ZIP  |  | 1 6. 1 5                                    |
| TITLE  | DELETE   | 6.1 TITLE                   |   |  | Change Addition                             |
| NAME   |  | 6.2 NAME                    | 1   | <b>N</b> A a                                     | 12 1  |
| STREET ADDRESS   |  | 6.3 STREE                   | T ADDRESS   | JB 9.  | 12-74                                       |
| CITY-ST-2IP  |  | 6.4 CITY -                  |   | <u> </u>   |   |
| 4.4. Lala haraby partify that the information symplic  | et with this filips is valuatorily force                         | hee badein                  | done not out  | lity for the exemption stated in Section.        | 139 07/30k) Florida Statutes I              |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph

0155430

Daytime Phone #