SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P95000034031 (1) **IBANEZ CORPORATION** Principal Place of Business Mailing Address 1025 EAST 52ND STREET 1025 EAST 52ND STREET HIALEAH FL 33013 HIALEAH FL 33013 3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-05908 26 Not Applicable Suite, Apt # etc. Suite Ant #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιρ Country This corporation has liability for intangible tax under s 199 032 24 25 29 30 Florida Statutes Yes 🔀 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CAPOTE, BEATRIZ M OSUALDO LEANEZ Street Address (P.O. Box Number is No. 1101 BRICKELL AVENUE 82 17TH FLOOR 83 MIAMI FL 33131 84 City TA LEAH 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. Thereby accept the appointment as registered agent. I am familiar with land accept the obligations of, Section 607.0505, Florida Statutes. Signature SIGNATURE cred agent and title if applicance jistered Agent signature required when reinstatings 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36) TITLE DELETE 1111116 Change Addition DOMINGO JBONEZ NAME 1.2 NAME **CR2E034** 426 E. 56 ST. STREET ADDRESS 13 STREET ADDRESS HALEAH, FL. CITY-ST-ZIP 1 4 CITY - ST - ZIP TITLE DELETE 2 I MUE Change Addition NAME TSMELIA 2.2 NAME 456 E. 56 AF STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 2 4 CHTY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREF! ADDRESS CITY-ST-ZIP 64 CITY - ST - ZIP I do hereby certify that the information supplied with this filing is voluntarily turnished 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. TONINE AND TYPED OR PRINTED NAME OF SIGNAGO OFFICER OR DIRECTOR SIGNATURE: