PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

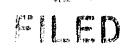
Secretary of State
DIVISION OF CORPORATIONS

P95000038405 (3)

IFU CORPORATION

#206

MIAMI FL 83155



98 JUL 16 PM 2: 46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place	of Business	Mailing Address		T TREATER IN THE ABOUT BING EDIGH BRITT BOLD CHAIN DOING OF IN THIS FAIL TRAIL	
7951 SW 40TH ST		7951 SW 40TH ST			
#206 MIAMI FL 33155 US		#206 Miami Fl 33155 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0582665	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30	This corporation owes or has pald the cu Personal Property Tax due June 30.	rrent year Intangible
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered	Agent
DIAZ, OSVALDO J 7951 SW 40TH ST					
1661	וט וזועד זזט		82 Street Ac	ess (P.O. Box Number is Not Acceptable)	

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 eight, 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 eight and search the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

83

84 City

office or agent. I a	registered agent, or both, in the State of Florida. Such change was au am familiar with, and accept the obligations of, section 607.0505, Flor	ithorized by the corp ida Statutes.	oration's board of directors. I hereby accept the appointment as registered				
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P DELETE	1.1 TITLE	Change Addition				
NAME	GUTJERREZ, JULIO CESAR	1.2 NAME	3000025923837				
STREET ADDRESS	233\$ BRICKELL AVE, #2512	1.3 STREET ADDRESS	-07/17/9801087008				
CITY-ST-ZIP	MIAMI FL 33129	1.4 CITY-ST-ZIP	****900.00 ****150.00				
TITLE	DELETE	2.1 TITLE	Change Addition				
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2.4 CITY-ST-ZIP					
TITLE	DELETE	3.1 TITLE	Change Addition				
NAME		3.2 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	6.1 TITLE	Change Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. I 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 arrattantment with an address.

SIGNATURE: \ (SICH)

305 26 6251

Zip Code