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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041967 (7)

1. Corporation Name

INTERNATIONAL BUSINESS ADVISORS, INC.



Principal Place of Business

Mailing Address

C/O MARIA CARMELA BREMMER
1201 N. FEDERAL HWY.
DELRAY BEACH FL 33483

C/O MARIA CARMELA BREMMER
1201 N. FEDERAL HWY.
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREMMER, MARIA CARMELA
1201 N. FEDERAL HWY.
DELRAY BEACH FL 33483

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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

Signature, typed or printed name of registered agent and Principal name

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE	NAME	STREET ADDRESS	CITY-ST-ZIP	FILE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	BREMMER, MARIA CARMELA	1201 N. FEDERAL HWY.	DELRAY BEACH FL 33483				

1. TITLE	12 NAME	13 STREET ADDRESS	14 CITY- ST- ZIP	2. TITLE	22 NAME	23 STREET ADDRESS	24 CITY- ST- ZIP	3. TITLE	32 NAME	33 STREET ADDRESS	34 CITY- ST- ZIP	4. TITLE	42 NAME	43 STREET ADDRESS	44 CITY- ST- ZIP	5. TITLE	52 NAME	53 STREET ADDRESS	54 CITY- ST- ZIP	6. TITLE	62 NAME	63 STREET ADDRESS	64 CITY- ST- ZIP

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria C. Bremmer 1/17/96 407-243-4993

CR2E034 (12/95)