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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

# DOCUMENT # P95000041967 (7)

INTERNATIONAL BUSINESS ADVISORS, INC.

# **FILED** Jan 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address  C/O MARIA CARMELA BREMMER C/O MARIA CARMELA BREMM 1201 N. FEDERAL HWY.  DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-591						
						3. Date Incorporated or Qualified 05/24/1995 34. Date of Last Report 01/24/1996
2. Principal Place of Business   28. Making Address						4. FEI Number Applied For
21		26				<b>65-0585392</b> Not Applicable
Suite, Apt	#, etc	Suite Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State	c	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zıp	Country	Zip	Cou	intry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes No
	9. Name and Address of Curi	ent Registered Agent	······	641		10. Name and Address of New Registered Agent
PREMMER, MARIA CARMELA				81	Name	
1201 N. FEDERAL HWY. DELRAY BEACH FL 33483				82	Street Add	dress (P.O. Box Number is Not Acceptable)
DLC	INTI DENOTITE GOTOS			83		
				84	City	85 Zip Code
					·	rporation submits this statement for the purpose of changing its registered
SIGNATURE	Signature is addin professione of regions of OFFICERS A	sgrand at the diapplication (NC	Ti: Registere	c Age	nt signature requ	uireo when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.17	TLE	7	President. Bothange Addition
NAME	BREMMER, MARIA CARMEL	A	1 2 N	AME:	"	
STREET ADDRESS	1201 N. FEDERAL HWY.		138	FREET	ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33483		_	1.4 CHTY-ST-ZIP		
TITLE	☐ DEFEIE 511				Change Add-tion	
NAME			22 N			
STREET ADDRÉSS	: 		L		ADDRESS	
CITY - ST - ZIP TITLE	ZIP		2 4 Crty-St-ZIP 3 1 Title		31 - 218'	Change Addition
NAME		leavest	3.2 N			
STREET ADDRESS			E		ADDRESS	
CHTY-ST-Z-P			3.4. (	)TY - §	i1 - ZIP	
TITLE	DELETE		4.1 T	4.1 TITLE		Change Addition
NAME			4 21			
STREET ADDRESS					ADDRESS	
CITY-S1-ZIP		DELETE			T-ZIP	☐ Change ☐ Addition
TITLE		L.J DOCCIE	511 52N			Li change Li Addition
NAME			5.2 N		AUDBESS	
STREET ADDRESS					ADDRESS I - Zip	
CITY-ST-ZIP TITLE		DELETE	61 J		· ZIF	☐ Change ☐ Addition
NAME		<del>_</del> ::	62N		)	
STREET ADDRESS					ADDRESS	
CITY - ST - ZIP			640	ITY-S	T-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 an address. appears in Block 12 or Block 13 it changes MARIA (ARINGLA BA

SIGNATURE: