1-24-97 B-7900 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

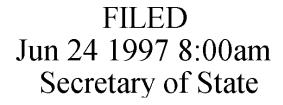
DOCUMENT # P95000054382 (3)

I.B.A.E., INC.

Principal	Place	of	Business				

Mailing Address

6012-B CASA DEL REY CIRCLE ORLANDO FL 32809 6012-B CASA DEL REY CIRCLE ORIANDO EL 32809-4510





ORLANDO FL 32809		ORLANDO FL 32809-4510												
							:	07/10/1995 04/29				of Last Report		
2. Principal P	lace of Busine	58	2a. Mailing	Address					4. FEI Number	1.			olied For	
21			26						65-0596907		[_	No	Applicable	
Suite, Apt.	#, etc.		 	Apt. #, etc.					5. Certificate of Status Desired	ı 🗀			dditional	
22 State 6 State			27	01-1-									quired	
City & State	е		City &	อเลเย				'	6. Election Campaign Financin	og 🖂			May Be	
23 Zip		Country	28 Zip		Cor	Intry			Trust Fund Contribution				Fees	
24	2!	"1	29		30	,, (t.)		[]	 This corporation has liability Florida Statutes 	rtor intangi Yes		der s.	199.032,	
24]		nd Address of Curren		gent	30]	I		1	O. Name and Address of Nev					
OHD	ESHI, BASIT			Ø		81	Name							
		L REY CIRCLE									····			
	ANDO FL 32					82	Street A	Address	(P.O. Box Number is Not Acce	ptable)				
ONL	MITOU FL 32	DV8				83								
						84	City				L 85	Zip C	ode	
11. Pursuant	to the provision	ns of Sections 607 050	2 and 607 1508	Florida Statu	tes the al	Ll hove	e-named (corporat	tion submits this statement for I			ing its	registered	
agent. I a	registered ager im familiar with	nt, or both, in the State , and accept the obliga	of Florida. Such itions of, Section	n change was n 607.0505, Fi	authorize lorida Stal	d by lutes	the corp s.	poration's	s board of directors. I hereby a	ccept the a	appointme	nt as i	egistered	
SIGNATURE	Signature, typed or	printed name of registered age	nt and title if applicab	le. (NO	f: Flegistera	d Age	nt signature r	required wh	ien reinstating)	DATI				
12.		OFFICERS AND	DIRECTORS		13.				ADDITIONS/CHANGES TO C	FFICERS A	ND DIRE	CTOR	S IN 12	
TITLE	D			DELETE	1,1 TI	TLE					Ch	ange	Addition	
NAME	QURESHI, I	BASIT A			1,2 N	AME	ļ	,						
STREET ADDRESS	931-N SR 4	34 STE 1195			1,3 \$	REET	ADDRESS	ĺ						
CITY-ST-ZIP	ALTAMONT	e springs fl			1.4 C	TY-S	T-ZIP]						
TITLE	D			DELETE	2111	TLE					Ch	ange	Addition	
NAME	QURESHI, I				2.2 N	AME	1	1						
Street Address	931-N SR 4	34 STE 1195			2.3 \$1	REET	ADDRESS							
CITY-ST-ZIP	ALTAMONT	E SPRINGS FL			2.40	ITY-S	I - ZIP							
TITLE				DELETE	3.1 10	TLE					Ch	ange	Addition	
NAME					3.2 N	AME								
STREET ADDRESS					3.3 S	REET	ADDRESS	ĺ						
CITY-ST-ZIP					3.4. C	17Y-S	T-ZIP							
TITLE	1			DELETE	4.1 T!	TLE					☐ Ch	ange	Addition	
NAME					4. 2 N	IAME								
STREET ADDRESS					4.3 S1	IREET	ADDRESS							
CITY-ST-ZIP					4.4 CI		T - ZIP	ļ						
TITLE				DELETE	5.1 TI	Tt E		ļ			☐ Ch	ange	Addition	
NAME					5.2 N	AME	İ	Ì						
STREET ADDRESS					5.3 Si	REET	ADDRESS							
CITY-ST-ZIP					5.4 C	TY-S	I - ZIP							
TITLE] DELETE	6.1 TI	TLE	1	l			☐ Ch	ange	■ Addition	
NAME					6.2 N	AME								
STREET ADDRESS					6.3 ST	REET	ADDRESS							
CITY-ST-ZIP					6.4 Ci			<u></u>						
informatio	n indicated on fficer or direct	this armual report or si	upplemental an	nual report is l trustee empoy	true and a	accu	rate and t	that my	Section 119.07(3)(i), Florida Sta signature shall have the same required by Chapter 607, Flori	legal effect	t as if mad	le und	er oath; tha	