

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
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000071540 (5)
1. Corporation Name

IBS INTERNATIONAL CORPORATION



Principal Place of Business

Mailing Address

530 EAST CENTRAL AVE., STE. 905
ORLANDO FL 32801

530 EAST CENTRAL AVE., STE. 905
ORLANDO FL 32801

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

DOWNING, HAROLD L
601 SOUTH LAKE DESTINY RD.
SUITE 200
MAITLAND FL 32751

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

4. FEI Number

59-3335342

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

390 N. Orange Avenue

83

Suite 800

84

City
Orlando

FL 85 Zip Code
32801

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Harold L. Downing
Signature, typed or printed name of registered agent and title of applicant

Harold L. Downing

June 25, 1996

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D

FUELLGRAF, JUERGEN

530 EAST CENTRAL AVE., STE. 905

ORLANDO FL 32801

☐ DELETE

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juergen Fuellgraf

June 8, 1996 (407) 648-8830

CR2E034 (3/96)