

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000081208 (7)
Corporation Name
INTERNATIONAL BUSINESS ASSOCIATES, INC.

Principal Place of Business 17001 COLLINS AVENUE MIAMI FL 33160 US	Mailing Address 17001 COLLINS AVE MIAMI FL 33160 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1995	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0614300	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	24	25 Country	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
27 Zip	28	29 Country	30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TERMINELLO, LOUIS J. 2700 S.W. 37TH AVENUE MIAMI FL 33133		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	PD
NAME	ARMANI, YUL	1.2 NAME	ARMANI, YUL
STREET ADDRESS	17001 COLLINS AVENUE	1.3 STREET ADDRESS	17001 COLLINS AVENUE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33160
TITLE	D	2.1 TITLE	
NAME	ARMANI, YUL	2.2 NAME	
STREET ADDRESS	17001 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	VO
NAME		3.2 NAME	ANTONOV, IGOR
STREET ADDRESS		3.3 STREET ADDRESS	17001 COLLINS AVENUE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33160
TITLE		4.1 TITLE	STB
NAME		4.2 NAME	KAMALOV, MURAT
STREET ADDRESS		4.3 STREET ADDRESS	17001 COLLINS AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33160
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 an attachment with an address.

SIGNATURE:

YUL ARMANI 4/28-98 (305) 949-0711

CR2E034 (10/97)