1. Corporation Name

AMENDED ANNUAL REPORT 1999

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT #** P95000081208

INTERNATIONAL BUSINESS ASSOCIATES, INC.

Principal Place of Gusiness Mailing Address

17001 Collins Avenue 17001 Collins Avenue



Miami, FL 33160			Miami, FL 33160				DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed					
							October 23, 1995					
2.	Principal Place of Bu	siness	2a. Mailing Add	irass			4. FEI Number			Applied For		
21			28				65-0614300			Not Applicable		
22	Suite, Apt. #, etc.		Suite, Apt. 1	#, elc.			5. Certificate of Status Desired			75 Additional e Required		
23	City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		-	.00 May Bo ded to Fees		
	Zιρ	Country	Zip	Co	intry		8. This corporation owes the curre	ent year Inta	ngible			
24		25	29	30	_		Personal Property Tax.		Yes 🗌	<u>□</u> №o		
	9. Nam	ne and Address of Current R	legistered Agent				10, Name and Address of New R	egistered A	gent			
Louis J. Terminello					81	Name	naine					
					82	Street Address (P.O. Box Number is Not Acceptable)						
	Miami, FL 3	33133			83							
					84	City	FL 85 Zip Gode					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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

ыgent. I a	im familiar with, and accept the obligations of, Sec	tion 607.0505, Flor	ida Slalutes.	• • • • • • • • • • • • • • • • • • • •	_	<u> </u>
SIGNATURE	Signature, typod or printed name of maintered user) and tills if applie	cahia (MATE)	Registered Agent signature	required when resistational DATE		
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	RS IN 12
	Pres.Dir, Yul Armani	☐ DELETE	i.i tin,∈	Pres., Vice-Pres., Sec'y,	Change	Addition
HAME	17001 Collins Avenue		12 NAME	Dir., Yul Armani		}
STREET ADDRESS	Miami, FL 33160		1.3 STREET ADDRESS	17001 Collins Avenue		
CITY ST ZIP			1.4 CITY ST-ZIP	Miami, FL 33160		
TITLE	V.P., Dir., Antonov, Igor	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	17001 Collins Avenue		2.2 NAME	200002970		
	Miami, FL 33160		23 STREET ADDRESS	-08/25/990	107902	20
CHY-ST-ZP			2.4 CITY-ST-ZIP	*****51 <u>.25</u>		
TITLE	Sec. Treas., Dir	XIK DELETE	3.1 TITLE		Change	Addition i
NAME	Kamalov, Murat		12 NAME	Í		
STREET ADDRESS			1.1 STREET ADDRESS			
CITY ST-ZIP	Miami. FL 33160		3.4. CITY-ST-ZIP			
TITLE	MIAMI: 11 33100	☐ DELETE	4.1 TITLE]	[] Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ACCRESS			
CITY-ST-ZIF			4.4 CITY-5T-ZIP			
TITLE		DELETE	5.1 TITLE	İ	[] Change	Addition
NAME			5.2 NAME	!		
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-8T-ZIP			Final Adadisin in
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			82 NAME	1		
STREET ADDRESS			8.3 STREET ADDRESS			
I			KARCOV ST 710	I .		

14. CTY-ST-ZP

14. I nereby certify that the information subsided with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Floridg 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. Floridg Statutes; and that my name appears in Block 12 or Glock 13 if changed, or on an attachment with at address, with all other like empowered.

SIGNATURE:

(305) 949-6939