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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000054565 (2)

FILED Feb 17 1998 8:00am Secretary of State

IBW INC.					
					)  <b>6:88: 6</b> )  6 6:66: <b>6</b>
Delevational Disc		A 4 - William A abolica a s		_{	
Principal Place of Business		Mailing Address			
3300 NW 72ND AVE MIAMI FL 33122		3300 NW 72ND AVE			
US US		MIAMI FL 33122 Us		DO NOT WRITE IN THIS S	PACE
•		•••		3. Date Incorporated or Qualified	
				06/24/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0674671	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27]		B. Certificate of Status Dualico	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	<del></del>	Trust Fund Contribution	Added to Fees
Zip	Couritry	Zip	Country	8. This corporation owes or has paid the curre	
24	25]		30		Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered A	gent
	BEDUSA, CLEMENTE		Name		
-3300 NW 72ND AVE			<b>B2</b> Street Addre	ess (P.O. Box Number is Not Acceptable)	
₩	Alami FL 33122		83		
			83		
•			84 City	FL	85 Zip Code
					hanging its registered
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 all familiar with a purpose of changing its registered agent. I all familiar with a					
	All thinds with the copy the conge	tions of acciton oo. 2000 to ton	lua Statutos.	$X \mathcal{Q} / \mathcal{Q}$	1.98
SIGNATURE	Alignature, typed or prime view of control diagram	c and tille it applicable. (NOTE	Registered Agent signature required	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	BEDUSA, CLEMENTE		1.2 NAME		
STREET ADDRESS	3300 NW 72ND AVE		13 STHEET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-7IP		
TITLE	DVP	DELETE	21 TITLE	l	Change Addition
NAME	BEDUSA, REOBERT		2 2 NAME		
STREET ADDRESS	200 HAMPTON AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY		2. 4 CITY-ST-ZIP		
TITLE	I	☐ DELETE	3.1 TITLE	1	Change Addition
NAME	I		3.2 NAME		
STREET ADDRESS	I		3.3 STREET ADDRESS		
CITY-ST-ZIP		brient	3.4 CITY-ST-7IP		
TITLE	I	☐ DELET <b>É</b>	4.1 TITLE	Ĺ	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	1	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		T Change   Addition
TITLE		רו מנונונ	5 1 TITLE	<i>/</i> /// '	Change / Addition
NAME			5 2 NAME	<th>_つ//つ  </th>	_つ//つ
STREET ADDRESS			5.3 STREET ADDRESS	7114	<b>*</b> /
CITY-ST-ZiP		☐ DELETE	5.4 CITY - ST - 7iP		Change Addition
TITLE		□ bearing	6.1 TITLE	يا ۱۳۰۰ و ۱۳۳۰ و ۱۳۳۰ و ۱۳۳۰ و ۱۳۳۱ و ۱۳۳۱ و ۱۳۳۰	
NAME SYNCET ADDRESS			6.2 NAME	<b>8000024</b> 3329 -02/17/980109502	
STREET ADDRESS			6.3 STREET ADDRESS	-02/17/980109505	5
CITY-ST-ZIP			6.4 CITY - ST - ZIP	***150.00	

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 suppliemental 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 13 if changed, or on an attachment with an address.

X 2.7.98