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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P96000055566	(9)
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IBERIA CORPORATION

Principal Piac	ce of Business	Ma	ailing Address		·						
,	INE ROAD #170	128	BO POWERLINE ROAD MIPANO BEACH FL 3								
							3. Date Incorporate 06/28/1996	ed or Qualified	3a. D	ate of Last F	Report
	Place of Business	├ ¬	Mailing Address			································	4. FEI Number	2000	/	·	oplied For
Suite, Apt.	# etc	26	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	65-06	13361			ot Applicable Additional
22	, 0.0	27	osno, ripri in oto.				5. Certificate of Sta	tus Desired		+	equired
City & Stat	te		City & State				6. Election Campai	gn Financing		\$5.00	May Be
:3	T 6	28			<u> </u>		Trust Fund Contr				to Fees
Zip 4	Country 25	29	Zip	Coun 30	ıry		8. This corporation Florida Statutes			e tax under s No	. 199.032,
<u> </u>	9. Name and Addres		tered Agent	150			10. Name and Add				
BAL	Lester, Javier				91 1	Name					
	O SOUTH POWERLINE			Ţ	32 5	Street Addr	ess (P.O. Box Number	is Not Accepta	ble)	·	
PO	MPANO BEACH FL 330	069		ļ.	83			· · · · · · · · · · · · · · · · · · ·			
				(33						
				[6	B4 (City			Fl	85 Zip	Code
office or i agent. I a	to the provisions of Section registered agent, or both, am familiar with, and acce	in the State of Florid ept the obligations of	da. Such change wa f, Section 607.0505,	as authorized Florida Statu	by th	ne corporat	don's board of directors	. I Holoby acce	pr to up	pontinon de	· · · · · · · · · · · · · · · · · · ·
SIGNATURE.	Signature: typed or printed name i	of registered agent and little	i if applicable (f	NOTE: Registered			red when reinstating)		DATE		
SIGNATURE.	Signature typed or printed dame i		i if applicable (f		Agent	signature requir	red when reinstating) ADDITIONS/CHAI	NGES TO OFFI	DATE CERS AN	D DIRECTOR	7S IN 12
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6.4 City-St-ZiP

14. I do 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 is frue 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.

QUILL REQUIREDAVIER BAVESTER

/time Phone #

FILED

May 16 1997 8:00am

Secretary of State