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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

P96000059025 (2) DOCUMENT #

I.B. WORLD INC.

Principal Place of Business 14897 SW 175TH ST.

Mailing Address

14897 SW 175TH ST. MIAMI FL 33187-1789

## **FILED** Feb 13 1997 8:00am Secretary of State



MIAMI FL 3318	77	MIAMI FL 33187-1789						
					Date Incorporated or Qualified     07/15/1996		of Last Re	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			65-068806		4	t Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	o o	Crty & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip <b>29</b>	Country 30	Y	This corporation has liability for in Florida Statutes	tangible ta Yes 🔲		. 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	Stered Ag	ent	
	ez, isaias		61	Name				
	97 SW 175TH ST.		82	Street Add	iress (P.O. Box Number is Not Acceptab	le)		<u></u>
MIA	MI FL 33187							_,
			83					
			84	City			<b>65</b> Zip (	Code
44 5	the way in one of Continuo COZ OF	00 and 007 1500 Florida Ctab	ing the above		poration submits this statement for the pr	FL	hanaiaa ii	n registered
office or r agent 1 a	registered agent, or both, in the State m familiar with and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, Fl	authorized b orida Statute	y the corpore s.	ation's board of directors. I hereby accep	t the appoir	itment as	registered
SIGNATURE		77111 A M. B. ALLES						
12.	Signature Type dior printed name of registered ac	gent and title it applicable. (NO) ND DIRECTORS	TE: Registered Ag	eni signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND D	IBECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/OFFICIALIZED TO GITTO		Change	Addition
NAME	BAEZ, ISAIAS		1.2 NAME			_	<b>-</b>	
STREET ADDRESS	14897 SW 175TH ST.			T ADDRESS				
CITY - ST - ZIP	MIAMI FL 33187		1.4 CiTY-	1				
TITLE	D	DELETE	2.1 TITLE	-		E	Change	Addition
NAME	PANETO, EDNA L		2.2 NAME					
STREET ADDRESS	14897 SW 175TH ST.		2.3 STREE	T ADDRESS				
CITY - ST - ZIP	MIAMI FL 33187		2. 4 CITY-	-ST-ZIP				
TITLE		DELETE	3.1 TITLE			L.	Change	Addition
NAMÉ			3.2 NAME	}				
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY - ST - ZIP			3.4. CITY-	ST-ZIP				
TITLE		DELETE	4.1 TITLE			Ε	Change	Addition
NAME			4.2 NAME	•				
STREET ADDRESS			4.3 STREE	T ADORESS				
CITY - ST - ZIP			4.4 CITY-				7.5	1 1 1 1 1 1 1 1 1
TITLE		☐ DELETE	5.1 TITLE	1		· . L	Change	Addition
NAME			5.2 NAME	. 1		•		
STREET ADDRESS				Y ADDRESS				
CITY-S1-ZIP		DELETE	5.4 CITY -			<del></del>	Change	Addition
TITLE	j	DELETE	6.1 TITLE	· 1		L.,	Change	- MOUNDO
NAME			62 NAME				-	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		- 4 (0) - (1) -	6 4 CITY-		nd in Section \$10.07/21/i) Florida Statuta	1 from the no. 4	A -416 . Ab -4	

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 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.