

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079659 (4)
1. Corporation Name
FLORIDA INTERNATIONAL BUSINESS CONSULTANTS, INC.



Principal Place of Business
11420 S.W. 109 ROAD
MIAMI FL 33176

Mailing Address
11420 S.W. 109 ROAD
MIAMI FL 33176-3148

3. Date Incorporated or Qualified 09/23/1996
3a. Date of Last Report 09/23/1996

2. Principal Place of Business
21 12555 BISCAYNE BLVD.
Suite, Apt. #, etc. SUITE 430
City & State NORTH MIAMI, FL
Zip 33181 Country DADE

2a. Mailing Address
26 12555 BISCAYNE BLVD
Suite, Apt. #, etc. SUITE 430
City & State NORTH MIAMI, FL
Zip 33181 Country DADE

4. FEI Number 65-0739270 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEITZMAN, JACK L
11420 S.W. 109 ROAD
MIAMI FL 33176

81 Name GARY M. GOLDFARB
82 Street Address (P.O. Box Number is Not Acceptable) 9550 BROADVIEW TERRACE
83
84 City BAY HARBOR FL 85 Zip Code 33154

11. Pursuant to the provisions of Sections 607.0507 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]* (NOTE: Registered Agent signature required when reinstating) DATE 4/28/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDFARB, GARY	
STREET ADDRESS	9550 BROADVIEW TERRACE	
CITY-ST-ZIP	BAYSHORE FL 33154	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACALUSO, CARLOS	
STREET ADDRESS	7400 S.W. 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	BAY HARBOR, FL 33154
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *[Signature]* DATE 4/28/97 DAYTIME PHONE # 305-864-6214

CR2E034 (9/96)