

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000096852

1. Corporation Name

IBSD, INC.

Principal Place of Business

6019 SW 128 COURT
MIAMI, FL. 33183

Mailing Address

6019 SW 128 COURT
MIAMI, FL. 33183

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 12894 SW 60 TERRACE

2a. Mailing Address

26 12894 SW 60 TERRACE

etc.

[REDACTED]

Country
25 U.S.A.

Suite, Apt. #, etc.

City & State
28 MIAMI, FLORIDA

Zip
29 33183

Country
30 U.S.A.

3. Date Incorporated or Qualified

12/02/96

4. FEI Number

65-0710178

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LARRY W. THOMAS
6019 SW 128 COURT
MIAMI, FL. 33183

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12894 SW 60 TERRACE

83

84 City
MIAMI

FL

85 Zip Code
33183

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 am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Signature and printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/98

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME

P/D
LARRY W THOMAS
12894 SW 60 TERR.
MIAMI, FL. 33183

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

100002529151
-05/19/98--01055--023
***150.00

SLA

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/98 (305) 383-8927

Date

Day, mo Phone #

CR2E034 (10/97)