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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Merthani

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # , P97000073177 (2)

IMEBA CORPORATION

FILED May 19 1998 8:00am Secretary of State



					
Principal Place of Business Mailing Address					
1845 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH FL 33401		1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH FL 33401			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 08/21/1997	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	<u></u> 1	26		4. 1 Li Marrison	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	27	27		5. Certificate of Status Desired	Fee Required
City & State	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Cour	ntry	8. This corporation owes or has paid the	
25 g, Name and Address of Curr	29	30		Personal Property Tax due June 30.	Yes XNo
GERSON, GARY N ESQ.	eni Hegistereo Agent		81 Name	10. Name and Address of New Registers	a Agent
1845 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH FL 33401					
		[-	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
		-	83		
		;	64 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508. Florida St	atules, the ab	ove-named co		
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli- 	te of Florida, Such change w	as authorized	by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	garana or, octopor oor about	, i londa biato	nos.		
Signature Typod or proted name of registered a	gent and tile it applicable ((NOTE: Reg-stered	Agent signature requ	urred when reinstating) DATE	
12. OF LICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE D/P/S	☐ DELETE	1 1 TIT	.E		Change Addition
NAME MERKI, SILVIA	D.4.0E1	1.2 NAM	AE		[5
STREET ADDRESS STEINENGRABEN 55, 4051 BASEL		1.3 STR	EET ADDRESS		يا
CITY-ST-ZIP SWITZERLAND	N DELETE		Y - ST - ZIP		}
NAME STEINMETZ, ROLAND	DELETE	2.1 7171		•	Change Addition
ATTIMENOBARCH CE ANGA	RACEI	2.2 NAN			
OW/ITTCD! AND	DAOLL	ľ	EET ADDRESS		
TITLE DIVID	DECETE	3.1 TITL	Y-ST-ZIP		Change Addition
HAME MERKI LUDE		3.2 NAM	ļ		C ordings C Audition
STREET ADDRESS STEINENGE &	A FRICE	3 3 5 18	EE1 ADDRESS		
STREET ADDRESS STEINENACH	CHITOFOLM	34 CII	Y-S1-ZIP		
THILE	DELETE	4.1 TITL			Change Addition
NAME		4. 2 NA	ME		
STREET ADDRESS		4.3 STR	eet address		
CITY-ST-ZIP		4.4 CITY	r-ST-ZIP		
TITLE	☐ DEL E TE	5.1 THE	E		Change Addition
NAME		5.2 NAN	AE		
STREET ADDRESS		5.3 STR	EET ADDRESS		
CITY-ST-ZIP		5.4 City	(-ST-ZIP		
TITLE	DELETE	7 ^{6.1} ™L	E		Change Addition
NAME		6.2 NAN	NE		
STREET ADDRESS		6.3 STR	EET ADDRESS		
CITY-ST-ZIP			r-ST-ZIP	11-11-11-11-11-11-11-11-11-11-11-11-11-	
 I hereby certify that the information supplied. 	with this tiling doos not aufalit	ny for the ever	nntian etated is	n Saction 110 D7(3Vi), Florida Statutos I further.	certify that the information

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual report is true and accutate 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 exidute 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.

04-15-90

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