

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107915 (5)

INTERNATIONAL BAKERY EQUIPMENT CORPORATION

98 SEP 30 PM 12: 41

SECRETARY OF STATE TALL MHASSEE, FLORIDA



Principal Place of Business	Mailing Address			3 INDERED IN THIS FROM PORT BOTH BOTH THE FORE THE SECTION OF THE PROPERTY OF THE PROPE
200 SOUTH BISCAYNE BLVD. SUITE 3150 MIAMI FL 33131	200 SOUTH BISCAYNE BLVD. SUITE 3150 MIAMI FL 33131			DO NOT WRITE IN THIS SP ACE
		·		3. Date Incorporated or Qualified 12/24/1997
2. Principal Place of Business 21	al Place of Business 2a. Mailing Address 26			4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip Country 24 25 25 9. Name and Address of Curren		29 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
BISBING, MARK		81	Name	TO NAME AND ADDRESS OF THE PROPERTY OF THE PRO
200 SOUTH BISCAYNE BLVD. SUITE 3150		82	Street	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33131		83		
		84	City	FL 85 Zip Code
 Pursuant to the provisions of sections 607.0507 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation. 	of Florida. Such change was aut	horized by	the corp	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE				
Signature, typed or printed name of registered ager 12. OFFICERS AN	if and little if applicable (NOTE) ID DIRECTORS	Registered A	gent signalu	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE OF THE TOTAL	DELETE	1.1 TITLE		
ME LIDECE IE		12 NAME		P, T, S, D Change X Addition
STREET ADDRESS		1.3 STREET	ANNRESS	MARK BISBING BLVD # 3150
CITY-ST-ZIP			-ZIP	MIAMI, FL 33/3/
TITLE	DELETE 2		-211	Change Addition
NAME	2.2			5000026535554
STREET ADDRESS			ADDRESS	-10/01/9801061009
CITY-ST-ZIP	, 240		-ZIP	****550.00 ****550.00
TITLE	DELETE 317			Change Addition
NAME	3.2			,
STREET ADDRESS		3.3 STREET	ADDRESS	
CITY-ST-ZIP	340		-ZIP	
TITLE	DELETE 4.1 TH			Change Addition
ANR 4.		4.2 NAME		
STREET ADDRESS		4.3 STREET	ADDRESS	
CITY-STATIP		4.4 CITY-ST	-ZIP	
TITLE	DELETE 5.1 TIT			Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET	ADDRESS	
CITY-ST-ZIP	54 CI		-ZIP	
TITLE	LDELETE 6.1T(Change Addition
NAME		6.2 NAME		
STREET ADDRESS		63 STREFT		.0 \ M
CITY-ST-ZIP	6.4 CIT		-ZIP	Landian 110 07/200 Florido Statutos 16 de acadé de Cal

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 am an officer or director of the corporation or the receiver or furstee 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.

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