

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90012 004 ***550.00

DOCUMENT # **P98000081794**

Corporation Name

I.E.B. HOLDINGS, INC.

Principal Place of Business

**1 N.W. 52ND ST., STE. 207
MIAMI FL 33166**

Mailing Address

**8400 N.W. 52ND ST., STE. 207
MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1998

Principal Place of Business

2a. Mailing Address

26 132 ROYAL PALM DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28 FT. LAUDERDALE, FL

Zip

Country

25

Zip

Country

29 33301

30

USA.

4. FEI Number

65-0848702

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MUR, LAZARO J
8400 N.W. 52ND ST., STE. 207
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

MUR, LAZARO J.

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

SUNTRUST INTL. CENTER SUITE 1940

83

ONE SOUTH EAST THIRD AVE.

84

City Miami

FL

85 Zip Code
33131

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME		1.2 NAME	RAFAEL E. BOSCH
3. STREET ADDRESS		1.3 STREET ADDRESS	132 ROYAL PALM DR.
4. CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	FT. LAUDERDALE FL 33301
2.1 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 to this report.

SIGNATURE: **RAFAEL E. BOSCH**

9/7/99 (954) 931-8345

CR2E034 (5/99)