PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S37208

INTERNATIONAL BUSINESS ENTERPRISES, INCORPORATED

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90002 006 ***558.75

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Principal Place of Business Mailing Address					f sabifale ibe tiert inerie ireit verer ient ereit abeit ereit einen ereit einen ereit ereit ereit ereit					
4601 CREEKVIEW LANE. P.O. BOX 2208										
OVIEDO FL 32765 7537 - GOLDENROD FL 32733-2208					DO NOT WRITE IN THIS SPACE					
136 PARK LAKE STREET US						3. Date Incorporated or Qualified				
ORLANDO.FL 32803-3822						03/06/1991				
2. Principal P	ace of Busi	ness C-04	2a. Maili	ng Address				4. FEI Number Applied For		
21 136	<i>fark</i>	LAKE STRE	26					59-3129458 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State City & State 23 3280 3 - 3827 City & State					-	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Country	Zip			intry		8. This corporation owes the current year		
24		25	29		30			Intangible Personal Property. Yes VNo		
	9. Name	and Address of Curren	t Registered	Agent				10. Name and Address of New Registered Agent		
	LIA DON	'A 1/				81	Name			
	UJA, PRIY CREEKVII					82	Street Add	treet Address (P.O. Box Number is Not Acceptable)		
	DO FL 32					83				
						Ш				
} }						84	City	FL 85 Zip Code		
11. Pursuant	to the prov	isions of sections 607.0502	2 and 607.150	08. Florida Statute	es, the ab	ove-r	named corp	poration submits this statement for the purpose of changing its registered		
l office or	registered a	igent, or both, in the State with, and accept the obliga	of Florida, St	ich change was a	autnorize	a by i	tne corpora	tion's board of directors. I hereby accept the appointment as registered		
•	am (amilia)	with, and accept the obliga	idons or, sect	aon 607.0303, Fit		iules.				
SIGNATURE	Signature, type	d or printed name of registered agen	t and title if applica	able. (NO	OTE: Registe	ered Ag	ent signature re	equired when reinstating) DATE		
12.		OFFICERS AN	D DIRECTOR	RS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D			DELETE	1.1 TI	TLE		Citalige		
NAME		, PRIYA K			1.2 N	AME		_		
STREET ADDRESS		EEKVIEW LANE			1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	OVIEDO	FL			1.4 C	TY-ST-	ZIP			
TITLE	PD			DELETE	2.1 Ti	TLE		Change Addition		
NAME	HINDUJA	KUMAR J	Prov L	AKE ST.	2.2 N	AME	{			
Office: Nobited 100 Office: 100		2.3 5		NODRESS						
CITY-ST-ZIP	OVIEDO	FL OR LAND	2. FL 3	2803:38	2 2.4 C	ITY-ST-	ZIP	·		
TITLE				DELETE	3.1 TI	TLE		Change Addition		
NAME					3.2 N	AME				
STREET ADDRESS					3.3 \$1	REET A	ADDRESS			
CITY-ST-ZIP					3.4 C	TY-ST-	ZIP			
TITLE				DELETE	4.1 T	TLE		☐ Change ☐ Addition		
NAME					4.2 N	AME	1			
STREET ADDRESS					4.3 S	REET	ADDRESS			
CITY-ST-ZIP					4.4 C	TY-ST-	ZIP			
TITLE				DELETE	5.1 TI	TLE		Change Addition		
NAME					5.2 N	AME	[
STREET ADDRESS					5.3 \$	REET A	ADDRESS			
CITY-ST-ZIP						ITY-ST-	ZIP			
TITLE				☐ DELETE	6.1 TI	TLE		Change Addition		
NAME					6.2 N	AME				
STREET ADDRESS					6.3 \$1	REET A	ADDRESS			
CfTY-ST-ZiP				<u> </u>	6.4 C	TY-ST-	ZIP			
14. I hereby co	ertify that the	e information supplied with	this filing doe	es not qualify for t	he exem	ption	stated in se	ection 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 anyaddress.

SIGNATURE: