

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S59976** (8)

1. Corporation Name

INTERNATIONAL BAL, INC.



Principal Place of Business

**104 CRANDON BLVD
302
KEY BISCAIYNE FL 33149
US**

Mailing Address

**104 CRANDON BLVD
STE 302
MIAMI FL 33149
US**

2. Principal Place of Business

21 **328 Crandon Blvd**
Suite, Apt. #, etc. **#202**
22 City & State **Key Biscayne, FL**
23 Zip **33149** 25 Country **Deede**
24

2a. Mailing Address

26 **328 Crandon Blvd**
Suite, Apt. #, etc. **#202**
27 City & State **Key Biscayne, FL**
28 Zip **33149** 30 Country **Deede**

3. Date Incorporated or Qualified
06/17/1991

3a. Date of Last Report
02/01/1995

4. FEI Number

65-0321469

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SALA, A. ROSEMARY
104 CRANDON BLVD
STE 302
MIAMI FL 33149**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
328 Crandon Blvd #202
83
84 City **Key Biscayne** FL 85 Zip Code **33149**

11. Pursuant to the provisions of Sections 607.05(2) and (6) of the 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 607.05(2) of the Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for 12-13)

Signature of New Registered Agent (Required for 10-11)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MENDOZA, ANGEL AUGUSTO	
STREET ADDRESS	104 CRANDON BLVD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	MENDOZA, BELINDA FLORES	
STREET ADDRESS	104 CRANDON BLVD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	SALA, ANA ROSEMARY	
STREET ADDRESS	104 CRANDON BLVD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	328 Crandon Blvd #202
4. CITY-STATE-ZIP	Key Biscayne, FL 33149
5. TITLE	☒ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	328 Crandon Blvd #202
8. CITY-STATE-ZIP	Key Biscayne, FL 33149
9. TITLE	☒ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	328 Crandon Blvd #202
12. CITY-STATE-ZIP	Key Biscayne, FL 33149
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is 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, the receiver or trustee, or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 (207) 241-0105
Date: Day: Phone:

CR2E034 (12/95)