

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
05 MAY -1 PM 8:21
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V35335

(1)

1. Corporation Name

IBEX COLONNADE CORP.

Principal Place of Business

**2333 PONCE DE LEON BLVD.
STE 650
CORAL GABLES FL 33134
US**

Mailing Address

**2333 PONCE DE LEON BLVD.
STE 650
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/07/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0336471

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUTTMAN, RICHARD
2333 PONCE DE LEON BLVD
S650
CORAL GABLES FL 33134**

81. Name

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

83.

84. City

FL

85.

Zip Code

11. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSADO, JOSE F.
STREET ADDRESS	2333 PONCE DE LEON BLVD. 650
CITY - ST - ZIP	CORAL GABLES FL
TITLE	TDVS
NAME	BLANCO, FRANCISCO E
STREET ADDRESS	2333 PONCE DE LEON BLVD. 650
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	SUAREZ, ANTONIO
STREET ADDRESS	2333 PONCE DE LEON BLVD. 650
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	ARTOLA, VICTOR
STREET ADDRESS	2333 PONCE DE LEON BLVD. #650
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	GARCIA, JOSE C BOTAS
STREET ADDRESS	2333 PONCE DE LEON BLVD. #650
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 110.07(3)(k), 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 registered agent 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose F. Rosado, President

4/27/95

Date

(305) 447-8697

Daytime Phone #