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FILED

May 12 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33134-5418
US

3. Date Incorporated or Qualified

05/07/1992

3a. Date of Last Report

06/04/1996

4. FEI Number

65-0336471

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

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

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 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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)