

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V35335

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90178 015 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1992

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

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

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 **RICHARD GUTTMAN, ESQUIRE**
82 Street Address (P.O. Box Number is Not Acceptable) **CUTLER, P.A.**
83 **100 S.E. 2ND STREET**
84 **SUITE 4000**
85 City **MIAMI** FL Zip Code **33131**

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 **RICHARD GUTTMAN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSADO, JOSE F.	
STREET ADDRESS	2333 PONCE DE LEON BLVD. 650	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TDVS	<input type="checkbox"/> DELETE
NAME	BLANCO, FRANCISCO E	
STREET ADDRESS	2333 PONCE DE LEON BLVD. 650	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUAREZ, ANTONIO	
STREET ADDRESS	2333 PONCE DE LEON BLVD. 650	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, JOSE C BOTAS	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #650	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WHITE, MARK L.	
1.3 STREET ADDRESS	2333 PONCE DE LEON BLVD. SUITE 650	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33131	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 in an attachment with an address, with all other like empowered.

SIGNATURE: JOSE F. ROSADO, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 305-447-8697

Date

Daytime Phone #

CR2E034 (1/98)