

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

FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V52192 (4)  
1. Corporation Name  
FIBIC INTERNATIONAL, INC.



Principal Place of Business 6761 SW 69 TERR. S. MIAMI FL 33143 US	Mailing Address 6761 SW 69 TERR. S. MIAMI FL 33143-3134 US
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2. Principal Place of Business 21 6740 SW 69 TERR Suite, Apt. #, etc.		2a. Mailing Address 26 6740 SW 69 TERR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/20/1992	3a. Date of Last Report 01/26/1996
22 City & State 23 S. MIAMI FL		27 City & State 28 S. MIAMI FL		4. FEI Number 65-0415986	Applied For Not Applicable
24 33143 25 DADE		29 33143 30 DADE		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 S. MIAMI FL		28 S. MIAMI FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33143 25 DADE		29 33143 30 DADE		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCKEE, JOHN C III 6761 SW 69 TERR. S. MIAMI FL 33143		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6740 SW 69 TERR 83 84 City S. MIAMI FL 85 Zip Code 33143	
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11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE *[Signature]* 4/14/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P D
NAME	MCKEE, JOHN C., III	1.2 NAME	MCKEE, JOHN C III
STREET ADDRESS	6761 SW 69 TERR.	1.3 STREET ADDRESS	6740 SW 69 TERR
CITY-ST-ZIP	S. MIAMI FL	1.4 CITY-ST-ZIP	S. MIAMI FL 33143
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* 4/14/97 857-3352

CR2E034 (9/96)