

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V65007** (9)

1. Corporation Name  
**INTERNATIONAL BUSINESS TRADING, INC.**

Principal Place of Business <b>2100 SALZEDO AVE. SUITE 204 CORAL GABLES FL 33134</b>	Mailing Address <b>2100 SALZEDO AVE STE 204 CORAL GABLES FL 33134 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7350 N.W 7 street Suite, Apt. #, etc. 22 Suite 201-A City & State 23 Miami Florida Zip Country 24 33126 25		2a. Mailing Address 26 7350 N.W 7 street Suite, Apt. #, etc. 27 Suite 201-A City & State 28 Miami Florida Zip Country 29 33126 30		3. Date Incorporated or Qualified <b>09/18/1992</b>	
		4. FEI Number <b>65-0377318</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MCDONALD, JOHN KIRK  
370 MINORCA AVE.  
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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD
NAME	JIMENEZ, LUIS C.	1.2 NAME	Juan Carlos Sague
STREET ADDRESS	2100 SALZEDO ST #204	1.3 STREET ADDRESS	5901 S.W. 32nd Street
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami Florida 33155
TITLE	VSD	2.1 TITLE	VPD
NAME	VILLEGAS, FRANCISCO J.	2.2 NAME	Jimenez, Luis C.
STREET ADDRESS	5825 S.W 45 TERR	2.3 STREET ADDRESS	7350 N.W 7 Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami Florida 33126
TITLE	PD	3.1 TITLE	
NAME	HERNAN, MESA	3.2 NAME	
STREET ADDRESS	9800 SW 121 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 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:

4/29/98

(305)266-6681

CR2E034 (10/97)