FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V71876** **(9)**

1. Corporation Name

IBIZA ISLAND CORPORATION

Principal Place of Business	Mailing Address
1130 WASHINGTON AVE. 5TH FLOOR MIAMI BEACH FL 33139	1130 WASHINGTON AVE. 5TH FLOOR MIAMI BEACH FL 33139

3. Date Incorporated/Qualified: **10/16/1992**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **65-0365807** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3819 North Miami Ave.	26 400 Alhambra
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL 3	28 City & State: Miami, FL
24 Zip: 33127 25 Country	29 Zip: 33134 30 Country

9. Name and Address of Current Registered Agent

BRAVERMAN, STEVEN D. PA
2021 E COMMERICAL DR
STE 304
FT LAUDERDALE FL 33308

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 617.1501, Florida Statutes, the entity named 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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	CURRAN, ROBERT		12 NAME
STREET ADDRESS	1130 WASHINGTON AVE #5TAFL		13 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL		14 CITY-ST-ZIP
TITLE	VP	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	LEVIN, ERIC		22 NAME
STREET ADDRESS	81 WASHINGTON AVE		23 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL		24 CITY-ST-ZIP
TITLE		☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing complies with the applicable requirements of Section 119.07(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added by this report.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/95 (305)573-1981

DATE DAYTIME TELEPHONE NUMBER

CR2E034 (12/95)