

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **525330** (7)
1. Corporation Name
INTERNATIONAL BUYERS, INC.



Principal Place of Business: **207 MIRACLE MILE CORAL GABLES FL 33134**
Mailing Address: **207 MIRACLE MILE CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **02/08/1977**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1749583**
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: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. # etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
**BAROUH, SUSANA
207 MIRACLE MILE
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: **FL**

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 signatory in Block 12 or 13 is required for applicable blocks. Registered Agent signature required when applicable.) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
T NAME: BAROUH, ALBERT STREET ADDRESS: 20 ISLAND AVE., #1604 CITY - ST - ZIP: MIAMI BEACH FL		<input type="checkbox"/>
P NAME: BAROUH, SUSANA STREET ADDRESS: 20 ISLAND AVE., #1604 CITY - ST - ZIP: MIAMI BEACH FL		<input type="checkbox"/>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____		<input type="checkbox"/>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____		<input type="checkbox"/>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____		<input type="checkbox"/>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Albert Barouh*
Albert Barouh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/96 (305) 442-1557
DATE DATE

CR2E034 (3/96)