

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H36198 (0)**

INTERNATIONAL BUILDING INVESTMENTS INC.



Principal Place of Business: 5011 W HILLSBORO BLVD, POMPANO BEACH FL 33073-4306
Mailing Address: 5011 W HILLSBORO BLVD, POMPANO BEACH FL 33073-4306

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	12/18/1984	04/04/1995
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	59-2664612	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
LAWRENCE, JAMES 5011 W HILLSBORO BLVD COCONUT CREEK FL 33067		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent		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 607.0503 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0406, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V LAWRENCE, JAMES		2. NAME	
5011 W HILLSBORO BLVD		3. STREET ADDRESS	
POMPANO BCH FL		4. CITY-STATE-ZIP	
T	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LENARD, THOMAS		6. NAME	
5011 W HILLSBORO BLVD		7. STREET ADDRESS	
POMPANO BCH FL		8. CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		10. NAME	
		11. STREET ADDRESS	
		12. CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		14. NAME	
		15. STREET ADDRESS	
		16. CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		18. NAME	
		19. STREET ADDRESS	
		20. CITY-STATE-ZIP	

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 119.04(3)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in book 12 or book 13 of the corporation's records or on an attachment with an address.

SIGNATURE: *THOMAS LENARD T* 1/20/96 305 428 3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)