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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H36198

(0)

INTERNATIONAL BUILDING INVESTMENTS INC.

Principa: Place			Mailing Address 5011 W HILLSBORO BLVD POMPANO BEACH FL 33073-4308			111 A1811 A1811 A1811 A1811 A1811 1881
5011 W HILLSE POMPANO BEA	ICH FL 33073-4306					
					3. Date Incorporated or Qualified	3a. Date of Last Report
					12/18/1984	01/24/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2664612	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State		 	& Flootion Compaign Financing	\$5.00 May Be
23		28			6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for	r intangible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes No
	g, Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New F	Registered Agent
	RENCE, JAMES		Ľ	Name		
5011 W HILLSBORO BLVD COCONUT CREEK FL 33067			8	2 Street A	treet Address (P.O. Box Number is Not Acceptable)	
Ų (ONOT OREER PE 33007		8	3		
				4 65.		85 Zip Code
			١٩	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida State of Florida State	utes, the abo	ve-named	corporation submits this statement for the oration's board of directors. I hereby acc	e purpose of changing its registered
agent La	m familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Statut	es.	Station & Source, of Empiricist (Miscon) and	and appointment at regions.
SIGNATURE	Signature, hypredict priore dinamic of registered ag	cost and title of specificately	OTE: Required 4	an tennis tran	required when reinstating)	DATE
12.		ND DIRECTORS	13.	go k signatura		FICERS AND DIRECTORS IN 12
TITLE	V	DELETE	1 1 TITLI			☐ Change ☐ Addition
NAME	LAWRENCE, JAMES		1.2 NAM	·		
STREET ADDRESS	5011 W HILLSBORO BLVD		1.3 STR	ET ADDRESS		
CITY - ST - ZIP	POMPANO BCH FL	DELETE		-ST-ZIP		Change Addition
TITLE	LENARD, THOMAS	טנננונ	2.1 TITU 2.2 NAM			El Change El Addition
STREET ADDRESS	5011 W HILLSBORO BLVD			ET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL			-ST-ZIP		v ·
TOTLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STR	et address		
CITY - S1 - ZIP		T DELETE		-ST-ZIP		Change Addition
TITLE NAME		[] DECCIE	4.1 TITLI 4. 2 NAM			. Li Grange Li Addition
STREET ADDRESS				ET ADORESS		
CITY - ST - ZIP				-\$T-ZIP		
TITLE		DELETE	5.1 T(T)		·	Change Addition
NAM č			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADORESS		
CITY - ST - 7IP		DELETE		-ST-ZIP		Chanas C Latinian
TITLE			6.1 TITL			Change Addition
NAME STREET ADDRESS			6.2 NAM 6.3 STRI	ET ADDRESS		
CITY-ST-7IP				- ST - 7iP		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/1/97 954 428 3336

FILED

Feb 10 1997 8:00am

Secretary of State

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