

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90001 049 \*\*\*550.00

|                                                                  |                                                                                   |                                                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # M55633**

1. Corporation Name

**INTERNATIONAL PURCHASING & TRADING COMPANY CORPO**  
**RATION**

Principal Place of Business

 2319 W 76ST  
 STE. 114  
 HIALEAH FL 33016  
 US

Mailing Address

 15476 NW 77TH CT  
 STE - 320  
 MIAMI FL 33016  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1987

4. FEI Number

65-0159446

Applied For

Not Applicable

5. Certificate of Status Desired

☐
**\$8.75 Additional**  
**Fee Required**

6. Election Campaign Financing

☐
**\$5.00 May Be**  
**Added to Fees**

 8. This corporation owes the current year  
 'Intangible' Personal Property.
☒Yes ☐ No

2. Principal Place of Business

21 2380 WEST 78TH ST

2a. Mailing Address

26 Suite, Apt. #, etc.

City &amp; State

23 HIALEAH FL

City &amp; State

28 Zip Country

24 Zip Country

25 USA

29 Zip Country

30

9. Name and Address of Current Registered Agent

 ROCHA, VICTOR E., ESQ.  
 1450 MADRUGA AVE.  
 SUITE 305  
 CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

JUAN A. VILLARAN

82 Street Address (P.O. Box Number is Not Acceptable)

83 2380 W. 78TH ST

84 City

HIALEAH

FL

85 Zip Code

33016

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 re-registering)

DATE

8/26/99

12. OFFICERS AND DIRECTORS

 TITLE DSP ☐ DELETE  
 NAME VILLARAN, JUAN A  
 STREET ADDRESS 15476 NW 77TH CT / STE - 320  
 CITY-ST-ZIP MIAMI FL

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ DELETE  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)