

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 # 470770 (9)
1. Corporation Name
INDUSTRIAL PROMOTIONS INTERNATIONAL, INC.



Principal Place of Business Mailing Address
6161 SW 8TH ST.
MIAMI FL 33144
US
P.O. BOX 520343
MIAMI FL 33152
US

2. Principal Place of Business 21 8439 N.W. 68 St. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33166 Country 25 DADJ	2a. Mailing Address 26 P.O. Box 520343 Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33152 Country 30 DADJ	3. Date Incorporated or Qualified 03/05/1975 3a. Date of Last Report 03/30/1995 4. FEI Number 59-1580147 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
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9. Name and Address of Current Registered Agent LAVIN, MICHAEL G. 103 SANTANDER 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 FL 85 Zip Code
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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 MICHAEL G. Lavin 08-01-96
Signature typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when transacting.) (DATE)

12. OFFICERS AND DIRECTORS TITLE P NAME LAVIN, EMILIAA STREET ADDRESS 1730 FERDINAND CITY-ST-ZIP CORAL GABLES FL DELETE TITLE SD NAME LAVIN, RAMON STREET ADDRESS 1730 FERDINAND CITY-ST-ZIP CORAL GABLES FL DELETE TITLE DV NAME LAVIN, MICHAEL G. STREET ADDRESS 103 SANTANDER CITY-ST-ZIP CORAL GABLES FL DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P 1.2 NAME EMILIA A. LAVIN 1.3 STREET ADDRESS 1730 FERDINAND 1.4 CITY-ST-ZIP CORAL GABLES FL 33134 Change Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition
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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: EMILIA A. LAVIN PRESIDENT AUG. 1 1996 305 264-7862
Signature typed or printed name of signing officer or director Date Day/Mo/Yr Phone #

CR2E034 (3/96)