PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F63962

1. Corporation Name

INTERNATIONAL PURCHASING GROUP INC.

	(Deliver	Marillan Address								
Principal Place		•	Mailing Address							
2250 NW 96 AV			2250 NW 96 AVENUE							
MIAMI FL 33172 US	2	MIAMI FL 33172 US				DO NOT WRITE IN THIS SPACE				
•		••				3. Date Incorporated or Qualifed				
						01/15/1982				
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applied For			
21		26				59-2166796		Not.	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.	75 Ac	fditional	
22		27				5. Certificate of Status Desired (2)	Fe	e Req	uired	
City & Stat	е	City & State				6. Election Campaign Financing	-\$5	.00°N	lay Be	
23		28				Trust Fund Contribution	Ade	ded to	Fees	
Zip	Country	Zip	Co	untry		a. This corporation owes the current year			_	
24	25	29	30	,		Personal Property Tax.	Yes		□No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registers	d Agent			
	DIGUET 1005 A			81	Name					
	RIGUEZ, JOSE A			82	Street Add	dress (P.O. Box Number is Not Acceptable)				
	SW 110 STREET			-		,				
MAN	/il FL 33176			83						
				84	City		. 85	Zip Co	ode	
				64	City	F	L °°	zip Ot		
SIGNATURE	Signature, typed or printed name of registered ag			d Agen	t signature requir	red when reinstating) DATE	ND DIDE			
12.		ND DIRECTORS ☐ DELET	13.	mr		ADDITIONS/CHANGES TO OFFICERS	Cha		Addition	
TITLE	PST LOSE A			IAME						
NAME	RODRIGUEZ, JOSE A				1000000				Ì	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	MIAMI, FL 00000	□ DELET		ITY-ST	i-ZIP		Cha	e	Addition	
TITLE							L. 0.10	50		
NAME				AME					İ	
STREET ADDRESS			1		ADORESS					
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NAME					* ADDOCES	·				
STREET ADDRESS				CITY-S	ADDRESS				ļ	
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TITLE				NAME					_	
NAME					***************************************					
STREET ADDRESS			a di		ADDRESS					
CITY-ST-ZIP		☐ DELET		TY-ST	1-211		☐ Cha	ınge	Addition	
TITLE		LI OLLEI		IAME				•		
NAME					ADDRESS				{	
STREET ADDRESS				my-si					}	
CITY-ST-ZIP		☐ DELET		TILE			☐ Cha	ınge	Addition	
TITLE		_ 5000		IAME				٠	-	
NAME CTREET ADDRESS					ADDRESS					

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 peport is two 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 eccentric 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR BIRECTOR

(305) 593-0571

FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90148 049 ***158.75