

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90003 008 ***150.00

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1. Entity Name

INTERNATIONAL VENDING GROUP INC.



Principal Place of Business

**6704 NW 82ND AVENUE
MIAMI, FL 33166**

Mailing Address

**6704 NW 82ND AVENUE
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE

06072004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1033876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEDUC, REJEAN
1001 NORTH FEDERAL HWY.
SUITE 2051
HALLANDALE, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DELCOURT, MICHEL
STREET ADDRESS 2000 TOWERSIDE TERR, #1911
CITY-ST-ZIP MIAMI, FL 33138

TITLE TD
NAME SALMON, JUAN CARLOS
STREET ADDRESS 6700 NW 82ND AVENUE
CITY-ST-ZIP MIAMI, FL 33166

TITLE VSD
NAME BETANCOURT, MONICA
STREET ADDRESS 6700 NW 82ND AVENUE
CITY-ST-ZIP MIAMI, FL 33166

TITLE D
NAME HERNANDEZ, ESMERALDA
STREET ADDRESS 2000 TOWERSIDE TER, SUITE 1911
CITY-ST-ZIP MIAMI, FL 33138

TITLE
NAME Canon, Jose Luis
STREET ADDRESS 6400 NW 114 AVE APT 1126
CITY-ST-ZIP MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Monica Betancourt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06.07.04

Date

305-468-9260

Daytime Phone #