FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:58

DOCUMENT # **P92000002284 (7)**

1. Corporation Name
I.P. SCAPE CORP.

Principal Place of Business	Mailing Address
1301 BAY TERRACE MIAMI FL 33141	1301 BAY TERRACE MIAMI FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1992
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business	2a. Mailing Address
21 20832 SAN SIMEON WAY	26 20832 SAN SIMEON WAY
Suite, Apt. #, etc 22 APT 598	Suite, Apt. #, etc 27 APT 598
City & State 23 N. MIAMI BEACH, FL	City & State 28 N MIAMI BEACH, FL
Zip 24 33179 County 25 DADE	Zip 29 33179 County 30 DADE

4. FEI Number: 65-0367550 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COHEN, MYER J 11077 BISCAYNE BLVD. MIAMI FL 33161	81 Name: IRWIN PINES 82 Street Address (P.O. Box Number is Not Acceptable): 20832 SAN SIMEON WAY, APT 598 83 84 City: N. MIAMI BEACH FL 85 Zip Code: 33179

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: IRWIN PINES DATE: 5/6/95
(Signature, name (printed, typed or legible) of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	PINES, IRWIN	12 NAME	
STREET ADDRESS	1301 BAY TERRACE	13 STREET ADDRESS	20832 SAN SIMEON WAY, APT 598
CITY ST ZIP	MIAMI FL 33141	14 CITY ST ZIP	N. MIAMI BEACH, FL 33179
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	REMITTED BY MAY 1
CITY ST ZIP		64 CITY ST ZIP	

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)(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: IRWIN PINES 4/24/95 (305)653-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
IRWIN PINES

0150480 CP