

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000010891 (8)

1. Corporation Name
IPAGSA, INC.

Principal Place of Business
10614 ALICO PASS
NEW PORT RICHEY FL 34655
US

Mailing Address
10614 ALICO PASS
NEW PORT RICHEY FL 34655-4340
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1993		3a. Date of Last Report 02/20/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3188228		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KLIMIS, GEORGE N 30 N RUIG AVE, STE 400 TARPON SPRINGS FL 34689				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE <input type="checkbox"/>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	HELBER, RUTH M		1.2 NAME				
STREET ADDRESS	10614 ALICO PASS		1.3 STREET ADDRESS				
CITY - ST - ZIP	NEW PORT RICHEY FL		1.4 CITY - ST - ZIP				
TITLE	D	DELETE <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	IPAG, S. A.		2.2 NAME				
STREET ADDRESS	SANTJORDI 15		2.3 STREET ADDRESS				
CITY - ST - ZIP	133A191 RU		2.4 CITY - ST - ZIP	E-08191 ZUBI (BARCELONA)			
TITLE	VP	DELETE <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	MARKUS, HELBER		3.2 NAME				
STREET ADDRESS	10614 ALICO PASS		3.3 STREET ADDRESS				
CITY - ST - ZIP	NEW PORT RICHEY FL		3.4 CITY - ST - ZIP				
TITLE		DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

14. I do 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

01-13-97 813/3728554

Date

Daytime Phone #

0452445

CR2E034 (9/96)