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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042650 (9)

I.P.C. AMERICAN, INC.

STREET ADDRESS

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NAME

TITLE

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NAME STREET ADDRESS

Principal Place of Business Mailing Address 7825 NW 29 STREET 7825 NW 29 ST MIAMI FL 33122 DO NOT WRITE IN THIS SPACE MIAMI FL 33122 3. Date Incorporated or Qualified 06/06/1994 2a. Mailing Address 2, Principal Place of Business 4. FEI Number Applied For 10435 NW 29 TERRACE 10435 NW 29 TERRACE 65-0494292 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing FLORI DA PLORI DA MIAM 28 Trust Fund Contribution Added to Fees 23 Country ^{zig}3172 Country 8. This corporation owes or has paid the current year Intangible 33172 USA Personal Property Tax due June 30. Yes Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name Barbaris, antonio c 7601 E. TREASURY DR., STE. 1223 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33141 83 84 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** Signature, typed or printed name of registered agent and tale if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 TOLE BARBARIS, ANTONIO C NAME 1.2 NAME 7601 E. TREASURY DR., STE. 1223 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33141** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

CITY-ST-ZIP 14. Thereby 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

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FILED

Apr 17 1998 8:00am

Secretary of State