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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000002569 (8)

1. Corporation Name
INTERNATIONAL BUYING POWER CORP.



Principal Place of Business

150 E. PALMETTO PARK RD.
400
BOCA RATON FL 33432
US

Mailing Address

150 E. PALMETTO PARK RD.
400
BOCA RATON FL 33432-4832
US

3. Date Incorporated or Qualified
01/10/1995

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

21 7860 Glades Rd

2a. Mailing Address

26 7860 GLADES RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 220

27 220

City & State

City & State

23 Boca Raton, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33434

25 PALM BEACH

29 33434

30 PALM BEACH

9. Name and Address of Current Registered Agent

RITCHIE, TERRY
7699 N.E. 8TH CT.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	RITCHIE, TERRY	
STREET ADDRESS	7699 N.E. 8TH CT.	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SAMUEL, ROY	
STREET ADDRESS	7691 N.W. 10TH ST.	
CITY - ST - ZIP	PLANTATION FL 33322	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	NEAL, CAROL	
STREET ADDRESS	7689 NE 8TH CT	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

CAROL NEAL 2/18/97 5613923404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)