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

PROFIT CORPORATION -ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000002569 (8)

INTERNATIONAL BUYING POWER CORP.

Principal Place of Business Mailing Address			 .		I LORANDER FILD HEIDT DINIT BORRE DERIK DORFT DORFT BERIND FRANCE BERIND BORRE 1908
7880 GLADES	RD.	7860 GLADES RD.			
220 BOCA RATON	EI 20404	220 BOCA RATON FL 33434	220 BOCA DATON 51 22424		DO NOT WRITE IN THIS SPACE
US HATON	US			3. Date Incorporated or Qualified	
					01/10/1995
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0548521 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23 Causto		Zip Country		· · ·	Trust Fund Contribution Added to Fees
Zip 24	Country 25	29 29	30	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
24	g. Name and Address of Curre		1301		10. Name and Address of New Registered Agent
DIT	<u> </u>		8	1 Name	······································
RITCHIE, TERRY 7699 N.E. 8TH CT.			_		
			8:	Street	Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33487			8	3	
			8-	4 City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the abo	ve-named	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the Staten familiar with, and accept the oblid	e of Ftorida. Such change was a	authorized b	by the cor	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	II Idillinar Titri, are sevept er	janono on oconen estresse,	01100 0	.	
	Signature, typed or printed name of registered ag	pent and title if applicable. (NOT	E Registered A	gent signatur	e required when reinstating) DATE
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCEO	L_] DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ritchie, terry		1.2 NAM		
STREET ADDRESS	7699 N.E. 8TH CT.		1.3 STRE	et address	
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY	ST-ZIP	
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	SAMUEL, ROY	′	2.2 NAME		
STREET ADDRESS	7691 N.W. 10TH ST.		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	T Delege	2. 4 CITY		
TITLE "	CFO	☐ DELETE	3.1 TITLE		Change Addition
NAME	NEAL, CAROL		3.2 NAM6		
STREET ADDRESS	7689 NE 8TH CT			1 Address	
CITY-SI-ZIP	BOCA RATON FL 33487	T printe	3.4. CITY		Change Addition
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM		
STREET ADDRESS				1 ADDRESS	
CITY-ST-ZIP		DELETÉ	4.4 CITY -	ST-ZIP	Change Addition
TITLE			5.1 TITLE		Criange Addition
NAME			5.2 NAME		
STREET ADORESS				I ADDRESS	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-		Change Addition
TITLE		C orrest	6.1 TITLE		Change C Addition
NAME			6.2 NAME		
STREET ADDRESS			- 6	T ADDRESS	
CITY-ST-ZIP	ertify that the information supplied	with this filing does not qualify to	6.4 CITY- or the exem		Led in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of officer or o	on this annual report or supplement	lal annual report is true and acc seiver or trustee empowered to	curate and t	hat my sig	gnature shall have the same legal effect as if made under oath; that I am an s required by Chapter 607, Florida Statutes; and that my name appears in