

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90200 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000010309

1. Corporation Name
IVIPA CORPORATE, INC.



Principal Place of Business 2285 N.W. 21ST TERRACE MIAMI FL 33142	Mailing Address 2285 N.W. 21ST TERRACE MIAMI FL 33142
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2285 NW 21st Terrace Suite, Apt. #, etc. 22	2a. Mailing Address 26 2285 NW 21st Terr Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 02/07/1995	4. FEI Number 65-0553492	Applied For Not Applicable
23 City & State Miami FL	28 City & State MIAMI FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 Zip 33142	25 Country U.S.A.	29 Zip 33142	30 Country U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
				\$5.00 May Be Added to Fees
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

GUERIRE, IRVING A
 2285 NW 21ST TERRACE
 MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name **IRVING A. GUERIRE**
 82 Street Address (P.O. Box Number is Not Acceptable)
2101 SOUTH OCEAN BLD
 83 **APT #1204 BLDG #4**
 84 City **HOLLYWOOD** 85 State **FL** 86 Zip Code **33019**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERNADINI, UMBERTO	
STREET ADDRESS	2285 NW 21TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VANOSOSTE, EDUARDO	
STREET ADDRESS	2285 NW 21TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33412	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RUAN, HUGO	
STREET ADDRESS	2285 NW 21TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNADINI, UMBERTO	
STREET ADDRESS	2285 N.W. 21TH TERRACE	
CITY-ST-ZIP	M	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	UMBERTO BERNARDINI	
1.3 STREET ADDRESS	2285 NW 21ST TERRACE	
1.4 CITY-ST-ZIP	MIAMI FL 33142	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	UMBERTO BERNARDINI	
2.3 STREET ADDRESS	2285 NW 21ST TERRACE	
2.4 CITY-ST-ZIP	MIAMI FL 33142	
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUAN HUGO	
3.3 STREET ADDRESS	2285 NW 21ST TERRACE	
3.4 CITY-ST-ZIP	MIAMI FL 33142	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	IRVING GUERIRE	
4.3 STREET ADDRESS	2285 NW 21ST TERRACE	
4.4 CITY-ST-ZIP	MIAMI FL 33142	
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 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Umberto Bernardini **UMBERTO BERNARDINI** APRIL/30/99 305 633-2211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)