

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

FILED  
Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000033250 (7)

1. Corporation Name  
I.P.W., CORP.

Principal Place of Business  
3510 N.W. 60TH STREET  
MIAMI FL

Mailing Address  
3510 N.W. 60TH STREET  
MIAMI FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3533 NW 58 st Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip 24 33142		2a. Mailing Address 26 3533 NW 58 st Suite, Apt. #, etc. 27 City & State 28 Miami FL Zip 29 33142		3. Date Incorporated or Qualified 04/16/1996	
25 U.S.A.		30 U.S.A.		4. FEI Number 65-0677735 Applied For Not Applicable	
9. Name and Address of Current Registered Agent KESHEN, NELSON C 9130 SOUTH DADELAND BLVD., SUITE 1511 MIAMI FL 33156		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		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

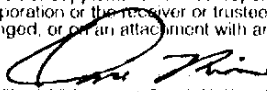
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERO, OMAR	1.2 NAME	
STREET ADDRESS	335 W. 63RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY PRENDES	2.2 NAME	
STREET ADDRESS	3510 NW 60TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE A. GARCIA	3.2 NAME	
STREET ADDRESS	3510 N.W. 60TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address

SIGNATURE:



2-13-98 (90r) 633-0402

CP2E034 (10/97)