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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90052 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000033250**

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

Principal Place of Business

**3533 NW 58 ST
MIAMI FL 33142
US**

Mailing Address

**3533 NW 58 ST
MIAMI FL 33142
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

65-0677735

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3510 NW 60 st

Suite, Apt. #, etc.

**22 City & State
Miami, FL**

**23 Zip Country
33142 U.S.A**

2a. Mailing Address

26 3510 NW 60 st

Suite, Apt. #, etc.

**27 City & State
Miami, FL**

**28 Zip Country
33142 U.S.A**

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 Jose A. Garcia

**82 Street Address (P.O. Box Number is Not Acceptable)
3510 NW 60 st**

83

84 City Miami, FL 85 Zip Code 33142

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

01/29/99

12. OFFICERS AND DIRECTORS

TITLE PT
NAME RIVERO, OMAR
STREET ADDRESS 335 W. 63RD STREET
CITY-ST-ZIP HIALEAH FL
☒ DELETE

TITLE DS
NAME RAY PRENDES
STREET ADDRESS 3510 NW 60TH ST.
CITY-ST-ZIP MIAMI FL
☒ DELETE

TITLE D
NAME JOSE A. GARCIA
STREET ADDRESS 3510 N.W. 60TH ST.
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT
1.2 NAME Jose A. Garcia
1.3 STREET ADDRESS 3510 NW 60 st
1.4 CITY-ST-ZIP Miami, FL. 33142
☒ Change ☐ Addition

2.1 TITLE DS
2.2 NAME Jose A. Garcia
2.3 STREET ADDRESS 3510 NW 60 st
2.4 CITY-ST-ZIP Miami, FL. 33142
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/29/99 305-6330402

CR2E034 (11/98)