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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029182 (7)

INTERNATIONAL PURCHASING ASSOCIATES, INC.

4111 **\$OUTHWEST** 47TH AVE.

FORT LAUDERDALE FL 33314

SUITE 305

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Principal Place of Business Mailing Address 4111 SOUTHWEST 47TH AVE 4111 SOUTHWEST 47TH AVE. SUITE 305 SUITE 305 DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314 3. Date Incorporated or Qualified 03/28/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0722302 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THORN, HEICO 81 Name

FILED Apr 23 1998 8:00am Secretary of State



Applied For

Fee Required

\$5.00 May Be

Added to Fees

ΠNo

Not Applicable

84 City 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.

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83

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

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD TITLE DELFTE 11 TITLE Change Addition THORN, HEICO NAME 1.2 NAME CR2E034 2726 ARROWOOD COURT STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL 33328 CITY-ST-ZIP 1.4 CITY - ST - ZIP VPTD DELETE Change Addition TITLE 2.1 TITLE THORN, JANET NAME 2.2 NAME 2726 ARROWOOD COURT STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL 33328 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAMI STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.

1/1/198 964 5811120