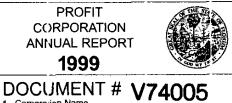
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corpora ion Name IVENCO, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90168 038 ***150.00

Principal Place of Business		Mailing Address				
1428 BRICKELL	AVE	1428 BRICKELL AVE				
SUITE 105		SUITE 105			DO NOT WRITE IN THIS SPACE	
MIAMI FL 33166	•	MIAMI FL 33166			3. Date Ir corporated or Qualified	
					10/19/1992	
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number Applied For	
21		26			65-0364205 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22					5. Certificate of otation Desired Fee Required	
City & S ate		City & State			6. Electio 1 Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible	
24	25	29 30	<u> </u>		Personal Property Tax.	
	9. Name and Add ess of Current	Registered Agent			10. Name and Address of New Registered Agent	
	20141 F0415AT 14		8	Nam	ame	
	PRYN ERNEST M		Ε	2 Stre	treet Address (P.O. Box Number is Not Acceptable)	
_	BRICKELL AVE			- 0.,0		
STE			8	3		
MIAN	AI FL 33131		L.		ity 85 Zip Code	
				14 City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. 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			gent signatu	nature required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITICNS/CHANGES TO OFFICERS / ND DIRECTORS IN 12	
TITLE	DP	☐ OELETE	1.1 TITU			
NAME	HALPRYN, ERNEST M		1.2 NAM			
STREET ADDRESS	1428 BRICKELL AVE #105		1.3 STR	ET ADDRE	PRESS (
CITY-ST-ZIP	MIAMI FL			-ST-ZIP		
TITLE	DST	☐ DELETE	21 TITL	Ē	☐ Change ☐ Addition	
NAME	Labianca, Philip		2.2 NAM	E		
STREET ADDRESS	1428 BRICKELL AVE #105		2.3 STRI	ET ADDRE	PRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY	r-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITU	E	☐ Change ☐ Addition	
NAME	DEVECCHI, JOHN		3.2 NAM	E		
STREET ADDRESS	1428 BRICKELL AVE #105		3 3 STR	EET ADDRE	DRESS	
CITY-ST-ZIP	MIAMI FL		34. CIT	-ST-ZIP	P	
TITLE	AS	☐ DELETE	4.1 TITLS	=	Change	
NAME	WEISBERG, ALAN J		4, 2 NAM	ME.		
STREET ADDRESS	1428 BRICKELL AVE., #105		4.3 STR	EET ADDRE	DRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL		☐ Change ☐ Addition	
NAME			5.2 NAM	Ε		
STREET ADDRESS			5.3 STR	EET ADDRE	DRESS	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	, j	
TITLE		☐ DELETE	6.1 TITL	E	☐ Change ☐ Addition	
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STR	EET ADDRE	DRESS	
CITY-ST-ZIP				-ST-ZIP		
UNIT-OF-ZIP		II.			1	

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 of 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 chargest, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ERNEST M HALPRYN
NATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 14, 1999

305 371-4112