

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000004464

Entity Name: INTERNATIONAL PARENT ORGANIZATION INC.**Current Principal Place of Business:**7905 NW 53RD ST
DORAL, FL 33166**Current Mailing Address:**7905 NW 53RD ST
DORAL, FL 33166 US**FEI Number: 83-4602303****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LAPICA, WILHELM E
8390 NW 53RD ST
DORAL, FL 33166 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TD
Name	IBARRA, SANDRA
Address	8390 NW 53RD ST
City-State-Zip:	DORAL FL 33166

Title	PD
Name	CANCHOLA, ELIZABETH
Address	7702 NW 51 LANE
City-State-Zip:	DORAL FL 33178

Title	SD
Name	MORENO, INGRYD
Address	9700 NW 51 LANE
City-State-Zip:	DORAL FL 33176

Title	D
Name	DOMINGUEZ, ARTURO
Address	8390 NW 53RD STREET
City-State-Zip:	DORAL FL 33166

Title	D
Name	FROST, ANA
Address	9114 SW 21 TERRACE
City-State-Zip:	MIAMI FL 33165

Title	D
Name	DIWAN, PIETRA
Address	11332 NW 72ND LANE
City-State-Zip:	DORAL FL 33178

Title	D
Name	FORERO, ADRIANA
Address	8390 NW 53RD STREET
City-State-Zip:	DORAL FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTURO DOMINGUEZ**DIRECTOR****03/12/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date