

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90040 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000035719

 1. Corporation Name
ANTONIO'S IDEAS, INC.

 Principal Place of Business
808 NE 73 STREET
MIAMI FL 33138

 Mailing Address
808 NE 73 STREET
MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

650834900

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

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

2. Principal Place of Business

 21. **1670 Bay Rd.**
 Suite, Apt. #, etc.
22. **2E**

City & State

23. **Miami Beach FL**

Zip

Country

24. **33139**

25.

2a. Mailing Address

 26. **PO Box 399131**
 Suite, Apt. #, etc.

27.

City & State

28. **Miami Beach FL**

Zip

Country

29. **33239**

30.

9. Name and Address of Current Registered Agent

FINESILVER, MICHAEL I
420 LINCOLN ROAD
#372
MIAMI FL 33139

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

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE1.2 NAME **OTERO BON, LUIS ANTONIO**1.3 STREET ADDRESS **808 NE 73 STREET**1.4 CITY-ST-ZIP **MIAMI FL 33138**2.1 TITLE ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE ☐ DELETE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE ☐ DELETE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE ☐ DELETE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

3/6/99