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 # P96000089408 (4)

IDOL MAKERS USA, INC.

FILED Mar 31 1998 8:00am Secretary of State



<u> </u>						
Principal Plac	e of Business	Mailing Address			T TO BE USE OF A THE COURT OF STATE OF)
15222 SOUTHWEST 111 STREET 15222 SOUTHWEST 111 ST MIAMI FL 33196 MIAMI FL 33196			TREET		DO NOT WRITE IN THIS S	PACE
					3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address			10/30/1996 4. FEI Number	Applied For
21		26		65-0707203	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			Certificate of Status Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Cour		Trust Fund Contribution	Added to Fees
Zip 24	26	Zip 29	Country 30		This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year Intangible
<u> </u>	9. Name and Address of Cur		<u></u>		10. Name and Address of New Registered A	
AMI	ERILAWYER CHARTERED	· · · · · · · · · · · · · · · · · · ·	1	1 Name		
343 ALMERIA AVENUE			1	12 Street Addre	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			Ĺ	1		
İ				13		
			1	4 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 (0502 and 607 1508. Florida Statute	as the abo	ve-named corn	poration submits this statement for the purpose of	changing its registered
office or r	egistered agent, or both, in the St	ate of Florida, Such change was a	uthorized	by the corporati	ion's board of directors. I hereby accept the appoint the specific and the specific accept the specific ac	sintment as registered
DICHATURE	socciel e unique	" " " " " " " " " " " " " " " " " " "		Nalo W	man 3/25/6	0
SIGNATURE	Mature, typed Mills farm registered	Typens and Mile depolecable (NOTE	Registered /	gent signature require	ed when reinstating) DME	·
12.	OFFICERS.	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PSTD	☐ DELETE	1.1 TITL	L L		Change
NAME	JIMENEZ, JOSE ANTONIO	TOCCT	1.2 NAM	ľ		
STREET ADORESS	15222 SOUTHWEST 111 S MIAMI FL 33196	INEEL		EET ADDRESS	•	Į.
CITY-ST-ZIP TITLE	MIAMI EC 33 180	DELETE	2.1 TITL	-\$T-ZIP		Change Addition
NAME			2.2 NAW		•	
STREET ADDRESS			2.3 STR	EET ADDRESS		1
CITY-ST-ZIP			2, 4 C/T	r-ST-ZIP		
TITLE		☐ DELETE	3.1 TITE			Change Addition
NAME			3.2 NAM	,		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CIT 4.1 TiTL	-ST-ZIP		Change Addition
NAME	l	D DELETE	4. 2 NAM)	'	Onange Rudition
STREET ADDRESS				ET ADDRESS		
CITY-S1-ZIP				-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 \$TR	ET ADDRESS		
CITY-ST-ZIP				- ST- ZIP		
TITLE		☐ DELETE	6.1 TITL	- 1	i	Change Addition
NAME OTROET ADDRESS			6.2 NAM			
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		

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 frue 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 in provered 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 applicachment with a paddress.

SIGNATURE:

03-15-1998 305-282-4195