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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 09 1998 8:00am Secretary of State

DOCUMENT # 494825 (3) IDEAL CORPORATION								
<b>.</b>								
Principal Plac	e of Business		Ma	niling Address				A TERRIT BYANG HARM BIRRY TAKEN BARM BIRRY BIRRY BYANG
1143 W. FLAGLER ST.				1143 W. FLAGLER ST.				
MIAMI FL 3	3130		MIAMI FL 33130					DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								04/08/1976
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc				Suite, Apt. #, etc.				59-1684041   Not Applicable
22				27				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23				28				Trust Fund Contribution Added to Fees
<del>-</del>		Country	<u> </u>	Zip		Country		8. This corporation owes or has paid the current year Intangible
24	25 2. Name and Address of Curre		29 Poole	30		<del></del>		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	ODRIGUEZ,SI		it nogisi	IBIBO ADBIIL		81	Name	10. Name and Address of New Neglistered Agent
	143 W. FLAGI					82		(DO Day M. Francis Market Mark
MIAMI FL							Street Add	dress (P.O. Box Number is Not Acceptable)
•••						83		
						84	City	- 85 Zip Code
								FL   T
office or r	registered agen	t, or both, in the State	of Florid	la. Such change was	authorize	d by	the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	ım familiar with,	and accept the obliga	ations of	, Section 607.0505, F	lorida Sta	tutes	<b>S</b> .	
SIGNATURE	Signature, lypiod or p	printed name of registered age	en and little	if applicable (NO	11 Registers	d Age	nt signature requ	uired when reinstating) DATE
12.	OFFICERS AND							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			DELETE		1.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ,BERNARDINO 1851 S.W. 95TH CT.					12 NAME		
STREET ADDRESS	44444			•			ADDRESS	· ·
CITY-ST-ZIP TITLE	SD	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	DELETE	2.1 T	ITY-S ITLE	1+ZIP	Change Addition
NAME	RODRIQUEZ, MARTHA			_	2.2 NAN			
STREET ADDRESS					2.3 STREET ADDR		ADDRESS	
CITY-ST-ZIP				2 4 CIT			T-ZIP	
TITLE				DELETE 3.1 TI			ļ.	Change Addition
NAME					32 N		2020001	
STREET ADDRESS CITY-ST-ZIP						TAEET XTY-S	ADDRESS	
TITLE				DELETE	4.1 7		1 - ZIF	Change Addition
NAME						NAME		- <del></del>
STREET ADDRESS					4.3 S	TREET	ADDRESS	
CITY-ST-ZIP						ITY-S	T-ZIP	
TITLE				☐ DELETE	5.1 T			☐ Change ☐ Addition
NAME ATTRET ADDRESS					5.2 N			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE	<del> </del>	<del></del>		DELETE	6.1 Ti	ITY-S ITLE	(- £IF	☐ Change ☐ Addition
NAME				<u></u>	6.2 N			_ • •
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					6.4 C	6.4 CITY-ST-ZIP		
14. I hereby o	certify that the in	nformation supplied w	ith this h	ling does not qualify tenort is true and ac-	for the ex	emp	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information use shall have the same legal effect as if made under oath; that I am an
officer or	director of the	corporation of the rece	niver or t	rustee empowered to	execute	this	report as rec	ure shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in

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