## **PROFIT** CORPORATION ANNUAL REPORT

1999



### FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # 494825

## **IDEAL CORPORATION**

1143 W. FLAGLER ST.

Mailing Address

## FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90097 044 \*\*\*150.00



Principal Place of Business 1143 W. FLAGLER ST. MIAMI FL 33130 MIAMI FL 33130 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 04/08/1976 Applied For 4 FFI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1684041 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired - -Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country This corporation owes the current year Intangible Country Zip Yes □No. Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **RODRIGUEZ.SIMON** Street Address (P.O. Box Number is Not Acceptable) 1143 W. FLAGLER ST. MIAMI FL 83 85 Zip Code 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TILE TITLE **CR2E034** 1.2 NAME RODRIGUEZ.BERNARDINO NAME 1.3 STREET ADDRESS 1851 S.W. 95TH CT. STREET ADDRESS MIAM! FL 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE RODRIQUEZ, MARTHA 2.2 NAME NAME 1851 S.W. 95TH CT. 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CSTY-ST-ZIP CITY-ST-ZIP ☐ Addition Change F) DELETE === 4.1777E me 4.2 NAME NAME. 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZF ☐ Addition Change DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change 6.1 TITLE ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

plied with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information smental 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 appears of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in a attachment with an address, with all other like empowered. 14. I hereby certify that the information of indicated on this annual report or suppling officer or director of the corporation of Block 12 or Block 13 if char

SIGNATURE: