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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000814 (1)

INNOVATIVE RESOURCE MANAGEMENT, INC.

**FILED** Apr 23 1998 8:00am Secretary of State



1825 PONCE DE LEON BLVD	Mailing Address			
1925 PONCE DE LEON RIVO	Principal Place of Business Mailing Address  Age Paper Dr. (SQL DLVD)			
SUITE 144	1825 PONCE DE LEON B SUITE 144	BLVD		
CORAL GABLES FL 33134	CORAL GABLES FL 3313	14	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			02/16/1996	····
2. Principal Place of Business	2s. Mailing Address		4. FEI Number	Applied For
21 630 SW 19 ROAD	26 Suito Art # olo		65-0635835	Not Applicable
22]	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIAMI, FZ	28		Trust Fund Contribution	
Zip Country	Zip	Country	8. This corporation owes or has paid th	e current year Intangible
24 33129 25 USA	29	30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registe	ered Agent
COZIER, CHRISTIAN		81 Name	CHRISTON COZIER	
10755 SW 108 AVE, #101		82 Stree≱ Ad	Idress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33176		(53.	0 SW 19 /COAN	
		83	·	
$\Lambda_{i-1}$		84 City		85 Zip Code
///		1 /4/		FL     33/29
11. Pursuani to the provisions of Sections 607. office or registered algelit, or both, in the Sagent Tam familiar part and accept the of	0502 and 607 1508, Florida Statut Iale of Florida. Such change was a	es, the above-named co authorized by the corror	proporation submits this statement for the purporation's board of directors. I hereby accept the	use of changing its registered e appointment as registered
agent. I am familiar with Land accorpt the of	bligations of Section 607.0505, Fig	orida Statutes.		11 1
SIGNATURE /	CHRISTAN COZILA Lagoritzmic dingolicable (NOT)	<u> </u>		715/18
<del></del>	AND DIRECTORS (NOT)	f Registered Agent signature rec	quired when reinstating) Di ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE PCD / OFFICERS	DELETE	11 TITLE	PCD	Change Addition
NAME COZIER, CHRISTIAN		12 NAME	CODIER CHRISTIAN	<b>/_</b>
STREET ADDRESS 10755 SW 108 AVE., #10	í	13 STREET ADDRESS	han Ciria Road	
CITY-ST-ZIP MIAMI FL 33176	•	1 4 CITY-ST-ZIP	COZIER CHRISTIAN 6305W 19 ROAD MIAMI, 12: 33129	
TITLE	DELETE	21 TITLE	14 33121	Change Addition
NAME	_	2.2 NAME		_ , _
STREET ADDRESS		23 STREET ADDRESS		
City-St-ZiP		2 4 CITY - ST - ZIP		
TIFLE	☐ DELĒTE	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST ZIF		3 4. CITY - ST - ZIP		
TITLE	DELETE	41 DITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-7IP		4 4 CHTY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STHEET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-7IP		5 4 C(TY - ST - ZIP		
TITLE	☐ DELETE	61 TITLE		Change Addition
NAME		6.2 NAME		
l l				
STREET ADDRESS		63 STREET ADDRESS		

mental 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 effective or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a thickness with an address.

305-785-7176