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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000003302

1. Corporation Name
I.D.D.S., INC.

Principal Place of Business
1024 S.E. 5TH AVENUE, SUITE 401
DANIA FL 33004

Mailing Address
1024 S.E. 5TH AVENUE, SUITE 401
DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

2. Principal Place of Business

21 10321

Suite, Apt. #, etc.

22 North Commerce Parkway

City & State

23 MIAMI - FLORIDA

Zip

24 33025

Country

25 U.S.A

2a. Mailing Address

26 10321

Suite, Apt. #, etc.

27 North Commerce Parkway

City & State

28 MIAMI - FLORIDA

Zip

29 33025

Country

30 U.S.A

4. FEI Number

APPLIED FOR

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

9. Name and Address of Current Registered Agent

MANELLA, ROSS
2500 HOLLYWOOD BOULEVARD, SUITE 212
HOLLYWOOD FL 33020

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

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

TITLE PC
NAME LUSSIER, YVES
STREET ADDRESS 3080, BOUL, LE CARREFOUR, BUREAU 502, LAVAL
CITY-ST-ZIP QUEBEC, CANADA H7T 2K9

☒ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE LUSSIER Yves ☒ Change ☐ Addition

1.2 NAME 6 Chemin du Crisque

1.3 STREET ADDRESS Ste-Theres - P.Q. CANADA J7E2R1

1.4 CITY-ST-ZIP

2.1 TITLE LAPALME Pierre ☐ Change ☒ Addition

2.2 NAME 3645 WESTMINSTER

2.3 STREET ADDRESS HOLLYWOOD, FLORIDA

2.4 CITY-ST-ZIP 33021 USA

3.1 TITLE Leduc Gerard ☐ Change ☒ Addition

3.2 NAME 194, BUREAUX DE LA COLLINE

3.3 STREET ADDRESS 92213, SAINT-CLOUD, CEDEX

3.4 CITY-ST-ZIP FRANCE

4.1 TITLE De Bregeas Patrice ☐ Change ☒ Addition

4.2 NAME 194, BUREAUX DE LA COLLINE

4.3 STREET ADDRESS 92213, SAINT-CLOUD, CEDEX

4.4 CITY-ST-ZIP FRANCE

5.1 TITLE LOUAM HAFID ☐ Change ☒ Addition

5.2 NAME 18130 N.W. 16TH STREET

5.3 STREET ADDRESS Pembrooke Pines, HOLLYWOOD, FLORIDA

5.4 CITY-ST-ZIP 33029-3034

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)