Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90053 016 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M26438

1. Corporation Name

INTERNATIONAL DEVELOPMENT ADVISORY SERVICES (IDA

S), INC	MIONAL DEVELORIBLEM AD	MOOM CENTICES (ID)	•						
Principal Place	of Business	Mailing Address					<b>8</b> 4 1841 81811 W		ali bibil didir inni
SUITE 201 SUITE 201						DO NOT WRIT	E IN THIS	SPACE	
CORAL GABLES FL 33146 US  CORAL GABLES FL 33146 US					3. Date Incorporated or Qualifed				
03		•				01/27/1986			}
2. Principal Pl	ace of Business	2a. Mailing Address	-			4. FEI Number			Applied For
21	•	26				NOT APPLICABLE			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	nsd		5 Additional
22	a superior and a superior	27				o. Octabana di Gallas addines 2			Required
City & State	<del>)</del>	City & State				6. Election Campaign Financing			0 May Be
23		28	<u> </u>	4		Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Count	itry		8. This corporation owes the curre	ent year int	angible □Yes	□No
24	9. Name and Address of Current	29 3	10			Personal Property Tax.  10. Name and Address of New Ro	egistered		
	9. Name and Address of Current	Registered Agent		81 1	Name	To. Hallo bild Addieso of Health	49.0.0.0		
SPIN	RAD, BERNARD		L						
	PONCE DE LEON BLVD			82   5	Street Addre	ss (P.O. Box Number is Not Acceptal	DIE)		
	E 201		1	83					
COR	AL GABLES FL 33146	•	L		<u> </u>			Tee 1 2	ip Code
			1	84 (	City		FL.	.  85   Z	ip Code
agent. I ar	m fantilizer with and accept the obligati	iona of Cootion 607 0605 Elevid	to Ctatut						
SIGNATURE	Kul () hel	and title if applicable. (NOTE: R				n's board of directors. I hereby accept when reinstating)  ADDITIONS/CHANGES TO OFF	DATE		TORS IN 12
SIGNATURE	Signature, typed or printed name of plaintened agent	and title if applicable. (NOTE: R	Registered A	lgent si		when reinstating)	DATE		CTORS IN 12
SIGNATURE	Signature, typed or printed name of plaintered agent OFFICERS AND	and title if applicable. (NOTE: R	Registered A	Agent si		when reinstating)	DATE	ID DIREC	CTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of pulsared agent OFFICERS AND	and title if applicable. (NOTE: RD DIRECTORS)	13. 1.1 TITL	Agent si		when reinstating)	DATE	ID DIREC	CTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of pulsaryd agent OFFICERS AND DP SPINRAD, BERNARD	and title if applicable. (NOTE: R) D DIRECTORS DELETE SUITE 201	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CETY	Agent sign. E ME REET AC Y-ST-Z	gnature required	when reinstating)	DATE	ID DIREC	CTORS IN 12 ge Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of published agent OFFICERS AND DP SPINRAD, BERNARD 4651 PONCE DE LOEN BLVD., CORAL GABLES FL D	and title if applicable. (NOTE: RD DIRECTORS)	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CFTY 2.1 TITL	Agent sin	gnature required	when reinstating)	DATE	ID DIREC	CTORS IN 12 ge Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of published agent OFFICERS AND DP SPINRAD, BERNARD 4651 PONCE DE LOEN BLVD., CORAL GABLES FL D ARAN-SPINRAD, MARIEN	and title if applicable. (NOTE: RD DIRECTORS)  DELETE  SUITE 201  DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CFTY 2.1 TITL 2.2 NAW	Agent signal.E  REET AL  Y-ST-Z  E	gnature required  DDRESS	when reinstating)	DATE	ID DIREC	CTORS IN 12 ge Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of pushered agent OFFICERS AND OFFICERS AND ASSISTANCE DE LOEN BLVD., CORAL GABLES FL. D.  ARAN-SPINRAD, MARIEN 4651 PONCE DE LEON BLVD. S.	and title if applicable. (NOTE: RD DIRECTORS)  DELETE  SUITE 201  DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CFD 2.1 TITL 2.2 NAW 2.3 STR	LE ME REET AL F	prature required  DDRESS  DDRESS	when reinstating)	DATE	ID DIREC	CTORS IN 12 ge Addition
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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, myon any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #