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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P9300003479 1. Corporation Name

INDIGO INC

MADICIO, MAO:	
Principal Place of Business	Mailing Address
1635 SOUTH MIAM! RD SUITE 8 FT LAUDERDALE FL 33316 US	C/O ACCTG & BUS CONSLT 790 E BROWARD BLVD STE 302 FT LAUDERDALE FL 33301 US
2. Principal Place of Business	2a. Mailing Addresunting & Busine
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 17 Rose Drive
City & State	City & State Ft. Lauderdale FL
Zio Country	7in Country

Mar 26, 1999 8:00 am Secretary of State

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FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33301					DO NOT WRITE IN THIS SPACE		
US		US			3, Date Incorporated or Qualifed		ĺ
		A Mailine Address			01/14/1993 4. FEI Number		plied For
─ ─ `-	lace of Business	2a. Malog Addressint in Consulta	ag &	Busines	65-0380657	نشب إسا	t Applicable
21	# ata	Suite, Apt. #, etc.			00-0300037	\$8.75 A	
Suite, Apt.	#, etc.	<u> </u>	70		5. Certifcate of Status Desired	Fee Re	
City & State		27 1/ Kose Driv	<u> </u>		6. Election Campaign Financing	\$5.00	May Be
23		Ft. Lauderda	ale	FL	Trust Fund Contribution	Added to	
Ζίρ	Country	Zip	Coun	ry	8. This corporation owes the current ye	ar Intangible	
24	25	29 33316 3	30 U	SA	Personal Property Tax.	∑ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent	
	- 11005		8	11 Name			
	IE, HOPE		1	2 Street A	ddress (P.Q. Box Number is Not Acceptable)		_
	S SOUTH MIAMI RD,			-3	<u> </u>		
SUIT	· - -		1	13			Ì
FIL	AUDERDALE FL 33316		1	4 City		85 Zip C	Code
					- <u> </u>	FL i	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autons of, Section 607.0505, Florid	tnorized i da Statut	es.	orporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as rec	gistered
	Signature, typed or printed name of registered agent		<u> </u>	gent signature rec	quired when reinstating) DA		DC 181 40
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	42 AND THECTO	KO IIV IZ
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: