

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90001 049 ***550.00

DOCUMENT # **P94000056947**

Corporation Name

IDEOPROM INT'L., CORP.



Principal Place of Business

**4 NW TAFT ST
BROKE PINES FL 33026**

Mailing Address

**9907 NW 20TH ST
PEMBROKE PINES FL 33024
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1994

Principal Place of Business

13501 NW 3RD ST.

2a. Mailing Address

26

Suite, Apt. #, etc.

#106

Suite, Apt. #, etc.

27

City & State

PEMBROKE PINES, FL

City & State

28

Zip

33028

Country

25

Zip

29

Country

30

4. FEI Number

65-0508838

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.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MORENO, ANTONIO J.
9907 NW 20TH ST
PEMBROKE PINES FL 33024**

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

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

Antonio Moreno
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/4/99

OFFICERS AND DIRECTORS

PD	<input type="checkbox"/> DELETE
ET ADDRESS	MORENO, ANTONIO J.
ST-ZIP	9907 NW 20TH ST PEMBROKE PINES FL
VD	<input type="checkbox"/> DELETE
ET ADDRESS	MORENO, MARIA J
ST-ZIP	9907 NW 20TH ST PEMBROKE PINES FL
	<input type="checkbox"/> DELETE
ET ADDRESS	
ST-ZIP	
	<input type="checkbox"/> DELETE
ET ADDRESS	
ST-ZIP	
	<input type="checkbox"/> DELETE
ET ADDRESS	
ST-ZIP	
	<input type="checkbox"/> DELETE
ET ADDRESS	
ST-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Antonio Moreno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/99

954 4509119

Daytime Phone #

CR2E034 (5/99)