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

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 NOV 25 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800002701458--0
-12/03/98--01042--015
*****70.00

DOCUMENT # P94000077282

1. Corporation Name
International Design Engineering and Services, Inc.

Principal Place of Business
3920 Riverland Rd.
Fort Lauderdale, Fl.
33312

Mailing Address

3. Date Incorporated or Qualified: 10-19-1994

4. FEI Number: 65-0528762 — ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3920 Riverland RD.	26 SAME
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 Fort Lauderdale, Fl	City & State 28
Zip 24 33312 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Fabian Basabe
3920 Riverland Rd.
Ft. Laud. Fl.33312

10. Name and Address of New Registered Agent

81 Name: Frank J. Gatto
82 Street Address (P.O. Box Number is Not Acceptable)
83 3920 Riverland Rd.
84 City: Fort Lauderdale, FL 85 Zip Code: 33312

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] 11/23/98
Signature, typed or printed name of registered agent and title if applicable — DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Fabian Basabe 3920 Riverland Rd. ~~Ft. Laud. Fl 33312~~ ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Frank J Gatto 3920 Riverland Rd. Ft. Laud. Fl 33312 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary /Treasurer Daniel Brismeur 3920 Riverland Rd. ~~Ft. Laud. Fl. 33312~~ ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary /Treasurer Barbara K. Garn 3920 Riverland Rd. Ft. Laud. Fl 33312 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	12/25/98 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] FRANK J. GATTO 11/23/98 954/527-2462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)

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PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 NOV 25 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000040812

1. Corporation Name
I.D.E.A.S. Consulting Group, Inc.

Principal Place of Business / Mailing Address
3920 Riverland Rd.
Fort Lauderdale, Fl.
33312

100002701461--1
-12/03/98--01042--015
****122.50 *****52.50
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05-08-1997

2. Principal Place of Business — 21: 3920 Riverland Rd.
Suite, Apt. #, etc. — 22:
City & State — 23: Fort Lauderdale, Fl
Zip — 24: 33312 — Country — 25:

2a. Mailing Address — 26: Same
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: — Country — 30:

4. FEI Number: 65-0528762 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Fabian Basabe
3920 Riverland Rd.
Fort Lauderdale, Fl. 33312

10. Name and Address of New Registered Agent
81 Name: Frank J. Gatto
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3920 Riverland Rd.
84 City: Fort Lauderdale, FL 85 Zip Code: 33312

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 _____ 11/23/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE: President, Fabian Basabe, 3920 Riverland Rd., Ft. Laud. Fl. 33312	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition: President, Frank J Gatto, 3920 Riverland Rd., Ft. Laud. Fl 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE: Secretary/Treasurer, Daniel Brismeur, 3920 Riverland Rd., Ft. Laud. Fl 33312	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition: Secretary/Treasurer, Barbara K. Garn, 3920 Riverland Rd., Ft. Laud. Fl 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition: 100002701461--1 -12/03/98--01042--016 *****17.50 *****17.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: _____ FRANK J. GATTO 11/23/98 954 527-2402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #