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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000078068 (1) DOCUMENT #

FOAM IDEAS . INC.

FILED May 07 1998 8:00am Secretary of State



Principal Place	Mailing Address	ddress				III EBIII IBBH	EQUIL BURNU WHI	81 IBN 1881		
4701 SW 83RD TER. #7 DAVIE FL 33328			4701 SW 83RD TER. #7 DAVIE FL 33328			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 10/21/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For	
21		26			65-0532681		No	ot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22			City & State						Fee Re	·
City & State			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country		ŋ	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24 25 25 Name and Address of Current			29 Registered Agent				10. Name and Address of New Registered Agent			
RUIC	CHHALTER, GUILLE			81 Name						
	1 SW 83RD TER.				Street Addres	t Address (P.O. Box Number is Not Acceptable)				
DAVIE FL 33328					83					
					84	City			85 Zip (Code
						•		<u>FL</u>		
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 profed page of regr-sered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed na	OF LICERS AND		(NOTE Registered	Ager	nt signature required	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	
12.	TDP	OFFICE RIS AND	DELETE		LE.		ADDITIONS OF TAXABLE TO OFF	<u> </u>	Change	Addition
NAME	BUCHHALTER, G	BUILLERMO		1.2 NA	ME]
STREET ADDRESS	4701 SW 83RD 1			1.3 \$		ADDRESS				
CITY-ST-ZIP	DAVIE FL			1.4 CI	TY-ST	1-ZIP				
TITLE	D		☐ DELETI	E 21 TI	ILE		•		Change	☐ Addition ☐
NAME	FRIAS, INGRID			2 2 NA	ME	ļ				
STREET ADDRESS	4701 SW 83RD 1	TERR #7		23 ST	HEFT	ADDRESS				
CITY-ST-ZIP	DAVIE FL			2 4 C		T-ZIP			Channe	T Addition
TITLE			∐ DELETH						Change	Addition
NAME				3.2 N/		*DODEOD				
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP						
CITY-ST-ZIP TITLE			DELETI			1-719			Change	Addition
NAME			<u></u>	4.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CI						
TITLE			DELETI						Change	Addition
NAME				5.2 N/	AME					
STREET ADDRESS				5.3 ST	REET	ADDRESS				
CITY-ST-ZIP				5.4 CI	TY-\$1	T- 21P				
TITLE			DELETI						Change	☐ Addition
NAME				6.2 N	ME					
STREET ADDRESS				6.3 \$1	REET.	ADDRESS				
CITY-ST-ZIP				6.4 CI						
	certify that the informal	tion supplied with	this filing does not que	alify for the exe	empt	tion stated in S	Section 119.07(3)(i), Florida Statutes.	I further ce	rtify that the	information