

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

12-4-97/1

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000027464

1. Corporation Name
AD DIRECTIONS INCORPORATED



Principal Place of Business
6555 NW 36 ST., STE. 114
MIAMI FL 33166

Mailing Address
6555 NW 36 ST., STE. 114
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

65-0645289

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6405 NW 36 St

Suite, Apt., etc.

22 Suite 100

23 Miami FL

24 33166 25 USA

2a. Mailing Address

26 6405 NW 36 St

Suite, Apt., etc.

27 Suite 100

28 Miami FL

29 33166 30 USA

9. Name and Address of Current Registered Agent

FEIJOO, LILIA R
6555 NW 36 ST., STE. 114
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6405 NW 36 St Suite 100

83

84 City

Miami

FL

85 Zip Code

33166

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

Antonio Feijoo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FEIJOO, ANTONIO
STREET ADDRESS 11249 HERON AVENUE
CITY-ST-ZIP MIAMI FL 33166

TITLE V ☐ DELETE

NAME PEREZ, JOSE ANGEL
STREET ADDRESS 12498 HERON AVENUE
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Feijoo Antonio
1.3 STREET ADDRESS 1249 Heron Ave
1.4 CITY-ST-ZIP Miami FL 33166

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME Perez Jose Angel
2.3 STREET ADDRESS 4935 East 2 Ave
2.4 CITY-ST-ZIP Hialeah FL 33013

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE: FEIJOO, ANTONIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

305 871-0242

Daytime Phone #

CR2E034 (11/98)