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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064434

IVE MCART INC

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90091 034 ***150.00

0411 14107							
Principal Place	e of Business	Ma	iling Address				3 1851(88) if B 1850 Billi
300 W. ROYAL	, -	300	W. ROYAL PALM RD.				
#201-C #201-C							
BOCA RATON FL 33432 BOCA RATON FL 33432						DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed 08/21/1995
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number Applied For
21		26					65-0607853 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				.5. Certificate of Status Desired \$8.75 Additional
22		27	27				5. Certificate of Status Desired
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23						Trust Fund Contribution Added to Fees	
Zip	Country Zip Cou			Cour	itry		This corporation owes the current year Intangible
24	25 29 30		30			Personal Property Tax. Yes No	
	9. Name and Address of Currer	nt Regist	tered Agent				10. Name and Address of New Registered Agent
		_			81	Name	
	EIRA, ROBERTO I			-	82	Street A	Address (P.O. Box Number is Not Acceptable)
300 W. ROYAL PALM RD.				Street Address (F.O. Box Number is Not Acceptable)			
#201				Ţ	83		
BOC	A RATON FL 33432						85 Zip Code
	•			ļ	84	City	FL 85 Zip Code
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	a. Such change was aı	uthorized	by 1	the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if	applicable. (NOTE:	Registered /	∖ge ni	t signature rec	equired when reinstating) DATE
12.	OFFICERS AN	D DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 1111	E	1	☐ Change ☐ Addition
NAME	PEREIRA, ROBERTO G			1.2 NA	ΝE	İ	
STREET ADDRESS	% 300 W. ROYAL PALM RD. #	#201-C		1.3 STF	REET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432			1.4 CfT	Y- ST	-ZIP	
TITLE	VD		DELETE	2.1 TIT	LE.		☐ Change ☐ Addition
NAME	PEREIRA, JUAREZ T		•	2.2 NA	ΜE		
STREET ADDRESS	% 300 W. ROYAL PALM RD.	201-C		2.3 STF	REET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432			2.4 CI	Y- S	T-ZIP	
TITLE			☐ DELETE	3.1 TIT	ı.E.	<u> </u>	☐ Change ☐ Addition
NAME				3.2 NA	WE		į
STREET ADDRESS				3.3 STF	REET	ADDRESS	
CITY-ST-ZIP				3.4. CI	Y-8	T-ZIP	
TITLE			☐ DELETE	4.1 1111	LE		Change Addition
NAME				4.2 NA	ME		
STREET ADDRESS				4.3 STF	REET	ADDRESS	
CITY-ST-ZIP				4.4 CIT	Y- \$T	-ZIP	
TITLE			☐ DELETE	5.1 TITI	LE		☐ Change ☐ Addition
NAME	į			_			
				5.2 NA	ME		
STREET ADDRESS:	•					ADDRESS	·
STREET ADDRESS: CITY-ST-ZIP	, ,				REET	1	·
1	,		☐ DELETE	5.3 ST	REET Y-ST	1	. Change Addition
CITY-ST-ZIP	,	_	☐ DELETE	5.3 STF 5.4 CIT	REET Y-ST LE	r-ZiP	Change Addition
CITY-ST-ZIP TITLE		_	□ DELETE	5.3 STF 5.4 CIT 6.1 TIT 6.2 NA	Y-ST LE ME	r-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 planature shall have the same legal effect as if made under oath; that I am an officer or director of the concerning 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 12 if changed of on an affactment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ₩

CR2E034 (11/98)__