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 **FILED**

Mar 20 1998 8:00am

Secretary of State

1	/IDEO, INC.	00000001 (1)			8/8/ 8/ // 88/4 8/8/ 8/8/
Principal Place of Business Mailing Address				i cootiodi sin inidi divil dain ggili ggili ggili ggili	ALLA: QLOSS BRIAN ALSO) (181 1881
1591 E 4 AVE 1591 E 4 AVE HIALEAH FL 33010					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				08/21/1995	
<u> </u>	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21 Suita Ant	21 26 Suite, Apt. #, etc. Suite, Apt. #, e			65-0606510	Not Applicable
22				5. Certificate of Status Desired	Fee Required
City & State City & State			<u> </u>	Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Cur	rent Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
DF	REZ, MILDREY		81 Name		
1591 E 4 AVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33010				and the control of th	
}			83		{
			84 City	F	85 Zip Code
11 Pursuant	to the provisions of Spetions 607 (0502 and 607 1508. Etorida Statu	ites the above-named cor		
office or a	registered agent, or both, in the St	ate of Florida, Such change was	authorized by the corporatorida Statutes	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	and agoopt the ag	ingulario di, dadidi, dari dari dada, 1	toriou bidiologi.		
	Signature, typod or printed name of registered		1E: Registered Agent signature requ		
TITLE	PD OFFICERS.	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AF	VD DIRECTORS IN 12 Change Addition
NAME	PEREZ, HECTOR	- Joseph	1.2 NAME		Containg Container
STREET ADDRESS	1591 E 4 AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	HIALEAH FL 33010		1.4 CITY-ST-ZIP		
TITLE	\$D	☐ DELETE	2.1 TITLE		Change Addition
NAME	PEREZ, MILDREY		2.2 NAME		
STREET ADDRESS	1591 E 4 AVE HIALEAH FL 33010		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAPPAILLE 20010	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		_ , _ , _
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME CTOCCT ADDOCCC			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS City-St-Zip			4.3 STREET ADDRESS		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T BOLLET	5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 of 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 changest or A) an attachment with an address.