

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
May 07 1998 8:00am
Secretary of State

DOCUMENT # P95000086777 (6)
1. Corporation Name

I.D.I. ORANGE, INC.

Principal Place of Business Mailing Address
1600 S.E. 17th STREET 1600 S.E. 17th STREET
SUITE 300 SUITE 300
FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/95

2. Principal Place of Business
21 983 N. NOB HILL RD.

2a. Mailing Address
26 983 N. NOB HILL RD.

4. FEI Number
65-0674927

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
23 PLANTATION, FL

City & State
28 PLANTATION, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country
24 33324 US

Zip Country
29 33324 US

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

10. Name and Address of New Registered Agent

HATCH, IRA C.
1600 S.E. 17th STREET
SUITE 300
FORT LAUDERDALE, FL 33316

81 Name
MARULANDA, CARLOS A.

82 Street Address (P.O. Box Number is Not Acceptable)
983 N. NOB HILL RD.

83

84 City
PLANTATION FL 85 Zip Code
33324

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 for 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 printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when reinstating)

DATE

Carlos Marulanda - Vice President 04-28-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DO ☐ DELETE
NAME MARULANDA, PABLO A.
STREET ADDRESS 2556 JARDIN LANE
CITY-ST-ZIP WESTON, FL 33327

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 983 N. NOB HILL RD
1.4 CITY-ST-ZIP PLANTATION, FL 33324

TITLE DO ☐ DELETE
NAME MARULANDA, CARLOS A.
STREET ADDRESS 668 STANTON DRIVE
CITY-ST-ZIP WESTON, FL 33326

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 983 N. NOB HILL RD
2.4 CITY-ST-ZIP PLANTATION, FL 33324

TITLE DO ☐ DELETE
NAME MARULANDA, CESAR A.
STREET ADDRESS WESTON, FL 33326

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 983 N. NOB HILL RD
3.4 CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 200002518462
6.4 CITY-ST-ZIP -05/11/98--01055--002
***150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Marulanda - V.P. (954) 474-2828

Date

Daytime Phone #

CR25034 (10/97)