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

DOCUMENT # 1. Corporation Name

P96000043848 (6)

INNOVA IDEAS, INC.

Pr

FILED May 14 1998 8:00am Secretary of State

Zip Code

I INDIADA AKA PAKID ORINI DORIN DORIN BORIL BORIL DIRIN DIADA INIAR KELIL DIBOK BORI IDAL

incipal Place of Business	Mailing Address	- 1001/4081 210 1811/ 01/1/ 00/1/ 00/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/		
27\$1 N.W. 11TH STREET IAMN FL 33182	12751 N.W. 11TH STREET MIAMI FL 33182	DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualified		
		05/16/1996		
Principal Place of Business	2a. Mailing Address . 1h	4. FEI Number Applied For		

4 12/31 N.W. 11 - SINCE	$ 26 $ 12/3/ $N.\omega.//$	Since	65-0696429		Not Applicable	
Suite, Apl. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State 23 MIAMI, F	City & State 28 MIANI, FL		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Country 24 33182 25 U.S.A.	29 33182 30 Co	untry V.S.A,	8. This corporation owes or has pa Personal Property Tax due June		ırrent year Intangible ✓ Yes	
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
FLEITAS, ANTHONY		81 Name				
12751 N.W. 11TH STREET MIAMI FL 33182		82 Street Address (P.O. Box Number is Not Acceptable)				
		83				

84 City

11. Pursuant i office or re agent I a	to the provisions of Sections 607,0502 and 607,150 egistered agent, or both, in the State of Florida Suo m familiar with, and accept the obligations of, Secti	8, Flor ida Stat utes shicha <mark>nge wa</mark> s au on 607. 0505, Flori	i, the above-named co thorized by the corpo da Statutes.	orporation submits this statement ration's board of directors. I here	for the purpose of changing it by accept the appointment as	s registered registered
SIGNATURE	Signature, typed or printed harnly of registerest age of and little if applica	MOTE I	Registered Agent signature re	guered whos coinclation)	DATE	
12.	OFFICERS AND DIRECTORS	me Ment	13.		O OFFICERS AND DIRECTOR	IS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	FLEITAS, ANTHONY		1.2 NAME			
STREET ADDRESS	12751 N.W. 11TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33182		1.4 CITY-ST-ZIP			
TITLE	<u> </u>	DELETE	2 1 TITLE		☐ Change	Addition
NAME	COLON, GUILLERMO		2.2 NAME			
STREET ADDRESS	11 MENORES AVENUE, SUITE 2		2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		2. 4 CITY-S1-ZIP]
TITLE	st	DELETE	3.1 TOLE		Change	Addition
NAME	FLEITAS, GLORIA I		3.2 NAME			
STREET ADDRESS	12751 N.W. 11TH STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	MJAMI FL 33182		3.4. CITY - \$1 - ZIP			
TITLE		DELETE	4 1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 THLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 13 if changed, my on an affective with an address.

NTHONY FLETTAS SIGNATURE:

(305) 220-5724