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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P96000047708	(8)

DOCUMENT # P9600047708 (8) I D A FINANCIAL, INC. Principal Place of Business Mailing Address 13499 BISCAYNE BOULEVARD 13499 BISCAYNE BOULEVARD										
	SUITE 706 SUITE 706 NORTH MIAMI FL 33181 NORTH MIAMI FL 33181-2027		•		3. Date Incorporated or Qualified 39, Date		ite of Last Report			
Processor 22 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2						05/31/1996	Fur 11pt			
	Place of Business	2a, Mailing Ad	ddress			4. FEI Number			plied For t Applicable	
Suite, Ar	it #, etc	Suite, Apt	#, etc.			93 040 78 14			Additional	
22		27				5. Certificate of Status Desired		Fee Re		
City & St	ale	City & State			6. Election Campaign Financing \$5.00 May Be					
23	Country	28		Country	,	Trust Fund Contribution		Added to		
Zip 24	Country 25	29	30	¬ 1		Inis corporation has liability for Florida Statutes	Yes No	inders.)	199.032,	
11	g. Name and Address of Curre	ومستنفي والمستندين والمناس المستوير المراجون		1		10. Name and Address of New-Re				
M	AZZA, FRANK A			18	Name					
	499 BISCAYNE BOULEVARD			82	Street Add	Iress (P.O. Box Number is Not Acceptab	ole)			
	JITE 708			-	<u> </u>		·			
N	ORTH MIAMI FL 33181			83						
				84	City		FL 85	Zip (Code	
agent SIGNATURE						poration submits this statement for the pation's board of directors. I hereby according when reinstang)	DATE			
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC				
Mi£	D D	L	DELETE	1 1 TITLE	ļ		□ (Change	Addition	
NAMI	MAZZA, FRANK A 13499 BISCAYNE BOULEVAR	n 4702		12 NAME	1000000					
STREET ADDRES	NORTH MIAMI FL 33181	D, #100	i	1.3 STREET	ì					
Juli	TOTAL MEANING LOCAL		DELETE	2.1 TITLE	11-21-			Change	Addition	
NAV:				22 NAME	1					
STHEET ADDRES	9			23 STREET	ADORESS					
CHY-St ZF			50,070	2.4 CITY-	ST-ZIP			05	1 1 1 1 1 2	
TITLE		L.	DELFTE	3.1 7)7LE	,		₩.	Change	Addition	
NAME CONTRACTOR			İ	3 2 NAME	ADDRESS					
STREET ADDRESS COTY-ST- AP	`			3.3 STREET 3.4 CITY-						
HILE			DELETE	41 TITLE	91.51			Change	Addition	
NAME		-		4. 2 NAME			— 	-		
STEEF ALABET	5			4.3 STREET	ADDRESS					
	1									
C 1Y - S7 - ZIP				4.4 CITY - S	51 - ZiP					
C TY+SF-ZIP TITLE			DELLTE	4.4 CITY-S 5.1 TITLE	51 - ZiP			Change	Addition	
			DELETE	5.1 TITLE 5.2 NAME				Change	Addition	
TITLE	s		DELETE	5.1 TITLE	ADDRESS			Change	Addition	

14. IT do nately 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 suppliemental 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

64 CITY - ST - ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

Apr 04 1997 8:00am

Secretary of State