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

PROFIT CORPORATION ANNUAL REPORT

1998



THORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF COMPONENTS IS

DOCUMENT #

P97000021835 (8)

I DID IT, INC.

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FILED May 07 1998 8:00am Secretary of State



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Principal Place	e of Business	-	Mailing Address			(*************************************		ana 11881 11881 18188 111	137 3111 1 991	
1578 NW 103				POST OFFICE BOX 680038						
MIAMI FL 33012			MIAMI FL 33168				DO NOT WRITE IN THIS SPACE			
						3. Date Incorpor	rated or Qualified	1110 01 700		
						03/11/199				
2. Principal Pi	lace of Busine	ess .	2a. Mailing Address	10051	DOUAT		<u> </u>	- An	plied For	
21 100 5	si Loa	DUAT ST.	26 5 4	10001	- AUH	65-07	34293	<u> </u>	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					¢0.75		
22			27			5. Certificate of	Status Desired L	Fee Re		
City & State			City & State			6. Election Cam	paign Financing	\$5.00	May Be	
23 MIRA	PAMAR, PL		28 MIRAMAR PL		Trust Fund Co	ontribution [Added to Fees			
Zip	_ '	Country	Zip	Coun		_ 1 '	ion owes or has paid t			
24 3302		5 Broward	29 33025	30 5	ROWARI		perty Tax due June 30		No	
		nd Address of Current	Registered Agent		d Name	10. Name and A	ddress of New Regis	tered Agent		
	rnhill, Phi			ļ.	Name	10 Reves	S			
	7 NE 125TH						dress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33161					100	SI LOQUE	7 Sr.			
				8	3	•				
l				18	4 City	•		- 85 Zip (Code	
					MIR	AMAR		FL 33	1025	
11. Pursuant to office or re agent Lai	to the provisio e gist ered age m fa mitiar with	ns of Sections 607.0502 nt, or both, in the State i Land accept the obliga	2 and 607.1508, Florida S of Florida. Such change tions of, Section 607.050	Statutes, the abo was authorized IS - Florida Statu	ove-named co by the corpor res	orporation sub mits this ration's board of d irect	statement for the purp ors. I hereby accept th	oose of changing it ne appointment as	s registered registered	
		printed units of registered ages						2/6/98		
12.	Signature, typed or	OFFICERS AND	V and fille it applicable DIRECTORS	(NOTE: Hegistered /	Gent eigneture ter	quired when reinstating) ADD(TIONS/C)	HANGES TO OFFICER	DATE IS AND DIRECTOR	S IN 12	
TITLE	D	OT TOLTO AND	DELET		P/P			Change	Addition	
NAME	REYES, [DAVID		1.2 NAM	_ # 1	DAVID Reye	S			
STREET ADDRESS		25TH STREET			ET ADDRESS	10051 LOQUI	17 Sr.			
CITY-ST-ZIP	MIAMI FL					MIRAMAR	PL 33025	•		
TITLE	D		DELET			ACUONNA		Change	Addition	
NAME		ARVONNA		2.2 NAM		100 51 KD Q	1310000 1000 5-			
STREET ADDRESS		25TH STREET							i	
	MIAMI FL				(-ST-ZIP	MIRAMAR 33025	i PL		18	
CITY-ST-ZIP TITLE	WILL STATE OF THE	. 00101	DELET			# 37 # 3		Change	A * ****	
NAME	•			32 NAM				- Chango		
STREET ADDRESS					ET ADDRESS					
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NAME				4. 2 NAM					:	
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CITY-ST-ZIP	!				- ST - ZIP				1	
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NAME				5.2 NAM	j j				_	
STREET ADDRESS				•	ET ADDRESS			۸ ۵	(0	
CITY-\$1-ZIP				5.4 CITY				7° 6	<i>M</i>),	
TITLE			DELET					☐ Change		
NAME				6.2 NAM	j				_	
STREET ADDRESS					ET ADORESS					
							DED	.\$150,0		
CITY-ST-ZIP				6.4 DITY	-31-21		2798	17101		

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 infor 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 eath; that I am 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: ARUNNA BROWN

onna Brown 76/98 964-879-44