PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P97000043950**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF COR

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90249 009 ***150.00

IDEAS, COMMUNICATIONS & SUCCESS, INC.						
Principal Place	e of Business	Mailing Address			I JEDIFERI ILS CRIN JEDIJ EBNIT DRIN BRIN BRIN BIRKR FIELD NEW CRIN BRIC 2001	
9200 D. DADELAND BLVD 7882 SW 106TH CIRCLE #500 MIAMI FL 33173 MIAMI FL 33156 US					DO NOT WRITE IN THIS SPACE	
US	•	00			3. Date Incorporated or Qualifed 05/19/1997	
Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number Applied For 59-2106925 45-0758272 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	
City & State		City & State 28 Zip Country			6. Election Campaign Financing Trust Fund Contribution St.00 May Be Added to Fees	
Zip 24	Country 25		30		8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent		31 Name		
CARAZO, ILENAH 7882 SW 106TH CIRCLE MIAMI FL 33173			8		Address (P.O. Box Number is Not Acceptable)	
			-	34 City	FL 85 Zip Code	
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au	ithorized i	ov the corpo	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered A	gent signature re	required when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition	
NAME	CARAZO, ILEANAH					
STREET ADDRESS	,			EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173	□ DELETE	1.4 CiTY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	2,1 TITL			
NAME STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE			3.4 CIT	Y-ST-ZIP E	☐ Change ☐ Addition	
NAME			3.2 NAM	E :		
STREET ADDRESS			3.3 STR	EET ADORESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL	E	☐ Change ☐ Addition	
NAME			4. 2 NAJ	ME .		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CITY	/-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL		☐ Change ☐ Addition	
NAME			5.2 NAM		·	
STREET ADDRESS	}		ſ	EET ADDRESS		
CITY-ST-ZIP				/-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL		☐ Change ☐ Addition	
NAME			6.2 NAM			
STREET ADDRESS	1			EET ADDRESS		
CITY-ST-ZIP			6,4 CITY	/-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: SIGNATURE: SIGNATURE AND THE OF SIGNING OFFICER OR DIRECTOR

-19-99

305-670-8778 Daytime Phone #

R2E034 (11/98)