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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700068999 (6)

ADVANCED INNOVATIONS GROUP, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					()20(130()10 1010 1010 0210 0210) 40 111 04118 41141	************	
P.O. BOX 1347 P.O. BOX 1347			_					
KEY BISCAYNE	FL 33149	KEY BISCAYNE FL 33149			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualific	∍d		
					08/08/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	@2	· · · · · · · · · · · · · · · · · · ·	plied For
21 155 Sunaise DR. 26 Site Asia Asia					65-07433	193		t Applicable
Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75 A	
22					6. Election Campaign Financin	~	\$5.00	
23 Key Biscoune FL 28					Trust Fund Contribution	" 🗆	Added t	
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has	paid the curr		
24 3314	19 125 USA	29	30		Personal Property Tax due J	une 30.]Yes 📮	No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered A	gent	
BOU	J, JANET M			81 Name				
155 SUNRISE DRIVE				82 Street A	ddress (P.O. Box Number is Not Acce	ptable)		
SUITE 4A								
KEY	BISCAYNE FL 33149			83				
			ľ	84 City		FL	85 Zip (Code
44 Division t	a the provinces of Sections 607.060	22 and 607 1509 Elorida Statu	tos the ab	oue named c	orporation submits this statement for t		changing it	s registered
office or re	egistered agent, or both, in the State	eof Florida. Such change was	authorized	by the corpo	pration's board of directors. I hereby a	cept the appo	pintment as	registered
agent. I ar	n familiar with, and accept the oblig	ations of, Section 607.0505, F	iorida Stati	nes.				
SIGNATURE .	Signature, typed or printed name of registered eg	on and to entapplicable (NO	IE Registered	Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	IS IN 12
TITLE	D	☐ DELETE	1.1 T/T	LE			L Change	Addition
NAME	BOU, JANET M		1.2 NA	ME				
STREET ADDRESS	155 SUNRISE DR, STE 4A, P	D BOX 1347	1.3 ST	REET ADDRESS				
CITY-ST-ZIP	KEY BISCAYNE FL 33149	Discitit		Y-ST-ZIP			Change	Addition
TITLE		☐ DELETE				ļ	L_1 Change	L AUDITOR
NAME			2.2 NA	Ì				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2. 4 UI 3.1 TIT	IY-ST-ZIP		• • • • • • • • • • • • • • • • • • • •	Change	Addition
NAME		C. SELETE	3.2 NA	i				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				IY-ST-ZIP				ļ
TITLE		DELETE	4.1 TIT			•	Change	☐ Addition
NAME			4. 2 NA	IME .				
STREET ADDRESS			4.3 STI	REET ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 T(T	LE			☐ Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REFT ADDRESS				
CITY-ST-ZIP				Y-ST-7IP			T 05	Agains
TITLE		DELETE	6.1 TIT			Į.	Change	Addition
NAME			6.2 NA					
STREET ADDRESS				REET ADURESS				1
CITY-ST-ZIP	add that the information and the	ith this filing does not av-tit.		Y-ST-ZIP	(in Section 118 07/2Vi) Florida Statut	an I further on	tify that the	information
15. I nereby o	eriny that the information supplied v	vior this ming cloes not quality	or trie exe	mption stated	in Section 119.07(3)(i), Florida Statute	is i fulfiller cel	thy trial tite	i donnation

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 or officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my nar Block 12 or Block 13 if changed or in an attachment with an address.