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 # P97000092978 (0)

IDOWU, INC.

FILED Feb 23 1998 8:00am Secretary of State

IDOWU	J, INC.									
Principal Plac	e of Business	of Business AVENUE AVENUE DVE FL 33133 COCONUT GROVE FL 33 Coconity Cotty & State 28 Country Ztp 29 9. Name and Address of Current Registered Agent OS, GUARYODE OLUKAYODE ONUT GROVE FL 33133 The provisions of Sections 607.0502 and 607.1508, Florida Statut gistered agent, or both, in the State of Florida Such change was a familiar with, and accept the obligations of, Section 607.0505, Florida Statut familiar with, and accept the obligations of, Section 607.0505, Florida Statut familiar with, and accept the obligations of, Section 607.0505, Florida Statut familiar with, and accept the obligations of, Section 607.0505, Florida Statut familiar with, and accept the obligations of, Section 607.0505, Florida Statut familiar with, and accept the obligations of, Section 607.0505, Florida Statut familiar with, and accept the obligations of, Section 607.0505, Florida Statut familiar with, and accept the obligations of, Section 607.0505, Florida Statut familiar with, and accept the obligations of, Section 607.0505, Florida Statut familiar with accept the obligations of, Section 607.0505, Florida Statut familiar with accept the obligations of, Section 607.0505, Florida Statut familiar with accept familiar with accept the obligations of Section 607.0505, Florida Statut familiar with accept						- L KERNIDEN AIR ARVAN IDANI ODRAN ORANI BRANI BRANI LANKA AIRIR IRANI IRANEN ARAL IDAN		
2620 SW 27T	TH AVENUE		2	620 SW 27TH AVENUE						
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A Principal C	Place of Busine		1 00	Mailton Address						
	Place or Busine	ess		Maining Address					1. FEI Number — DS 11780 Applied For	
21 Suite, Apt.	# etc		26	Suito Ant # atc					/ Ac 75	
22				 					I & Cortificate of Status Desired IVI	
City & State				*						
23			28	h1						
Zip	Country			· · · · · · · · · · · · · · · · · · ·			,			
24	ļ.	25	29		30					
				lered Agent	11	1			10. Name and Address of New Registered Agent	
R∆	MOS OLLIN	WADE OLUVA	(OD)	E		81	Nam	е		
				-		82	01.5	M Addes	nee (P.O. Boy Number is Not Acceptable)	
							Shee	# Modre	ress (P.O. Box Number is Not Acceptable)	
		0121200100				83				
						1			led 7. O. f	
						84	City		FL 85 Zip Code	
11. Pursuant office or r agent 1 a	to the provision registered ago am familiar with	ons of Sections 607,0502 ont, or both, in the State (h, and accept the obliga	and 6 of Floria tions of	07.1508, Florida Statu da: Such change was I, Section 607.0505, F	ites, the authoriz lorida St	above ed by atutes	e-name y the co s.	ed corpo orporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE									6. Election Campaign Financing	
	Stgriature, typiid o						ent signat	ure require		
12.	<u> </u>	OFFICERS AND	/ L/RAI C		13	TITLE				
NAME	, -	OLIMANORE OLIM	V 104	- -				i	C Outside C vessions	
			rn I	AYODE 1.2 NAM 1.3 STRE			* ADDOCC	,		
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CITY-ST-ZIP TITLE	COCON	JI GNUTE PL 33133		DELETE		CITY-S TITLE	51 - ZIP	+	Change Addition	
NAME	1			La second		NAME		Ì		
STREET ADORESS							ADDRES			
					- 1		ST-ZIP	°	•	
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STREET ADDRESS							ADDRES	s l		
						CITY-S		_		
CITY-ST-ZIP	portify that the	information or maked and	by their d	dura dona act custifu				Lad in S	Section 110 07/21/i) Florida Statutes I further certify that the information	

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 floop 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 coproration or the receiver of the stated energy and that my name appears in Block 12 or Block 13 if changed, or on an attachiom place in address.

SIGNATURE:

OLUKAYODE RATIOS 2-16-98 (305)476-4201