

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90294 022 \*\*\*150.00

DOCUMENT # P98000019577

1. Corporation Name

INGENIUM ONE, INC.

Principal Place of Business

Mailing Address

2731 North Andrews Ave.  
suite J6  
Fort Lauderdale, Fl. 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

applied for

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2831 E.Oakland Park Blvd

Suite, Apt. #, etc.

22 suite 8

City & State

23 Fort Lauderdale, FL

Zip

24 33306

Country

25 USA

2a. Mailing Address

26 P. O. Box 24564

Suite, Apt. #, etc.

27

City & State

28 Fort Lauderdale, FL

Zip

29 33306

Country

30 USA

9. Name and Address of Current Registered Agent

Edward Jordan  
13727 S.W. 152 St.  
suite 307  
Miami, Fl. 33177

10. Name and Address of New Registered Agent

81 Name

Edward Maldonado - Atty. at Law

82 Street Address (P.O. Box Number is Not Acceptable)

2831 E. Oakland Park Blvd

83

suite 8

84 City

Fort Lauderdale

FL

85

Zip Code

33306

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Edward Maldonado

Atty. at Law

03/12/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME Moyses S. Levy

STREET ADDRESS 11205 NW 10th Pl

CITY-ST-ZIP Coral Springs, Fl 33071

TITLE VPD ☐ DELETE

NAME Armando R. Castellano

STREET ADDRESS 901 N.Victoria Park Rd. # 211

CITY-ST-ZIP Fort Lauderdale, Fl. 33304

TITLE VPD ☐ DELETE

NAME Raulo Gilman Ferreira

STREET ADDRESS 37 Fort Royal Isle

CITY-ST-ZIP Fort Lauderdale Fl. 33308

TITLE VPD ☐ DELETE

NAME David F. Valderrama

STREET ADDRESS 105 Atlantic Ave

CITY-ST-ZIP Hallandale, Fl. 33009 ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 supplemental 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

Moyes S. Levy - President

04.12.99

Date

(954) 537-2141

Daytime Phone #

CR2E034 (11/98)