

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000026650

. Corporation Name

I D A GROUP CORP. Mailing Address Principal Place of Business P.O. BOX 811838 3912 S. OCEAN BOULEVARD **BOCA RATON FL 33481** DO NOT WRITE IN THIS SPACE HIGHLAND BEACH FL 33487 3. Date incorporated or Qualifed 03/23/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-082599 21 3407 5. Ocean Blux 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite Apt #. etc 5. Certifcate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution "This corporation owes the current year Intangible 034 □ No ☐ Yes Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ERRATO SERRATO, AURORA 3912 S. OCEAN BOULEVARD Duran #901 HIGHLAND BEACH FL 33487 ion submits this statement for the purpose of changing its register board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corp
office or registered agent, or both, in the State of Florida Such change was authorized by the corporatio
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. era Statutoos 1-31-99 AVRORA SIGNATURE CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE LICHT, DAVID NAME 3912 S. OCEAN BOULEVARD 1.3 STREET ADDRESS STREET ADDRESS HIGHLAND BEACH FL 33487 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 21 TITLE Change TITLE VAZQUEZ, IRIS 22 NAME THEM 3912 S. OCEAN BOULEVARD 2.3 STREET ADDRESS STREET ADORESS HIGHLAND BEACH FL 33487 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 31 TM F SERRATO, AURORA 32 NAME NAME 3533 NW 61ST ST. CIRCLE 3.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** 3.4. CITY-ST-29P CITY-ST-ZIP ☐ Addition Change TITLE, □ DELETE 4.1,TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE ☐ Change TILE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TIDE ☐ DELETE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 cath; that I am an officer or director of the certoration or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with by address, with 30 other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-99

561-716-3913

FILED

Feb 26, 1999 8:00 am

Secretary of State

02-26-1999 90044 001 ***150.00