

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90006 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000061088

1. Corporation Name
INNOVATIVE FOUNDATIONS, INC.



Principal Place of Business: P.O. BOX 190416 FORT LAUDERDALE FL 33319-0416
 Mailing Address: P.O. BOX 190416 FORT LAUDERDALE FL 33319-0416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/09/1998

2. Principal Place of Business: 21 **6800 NW 14 ST**
 Suite, Apt. #, etc. 22
 City & State 23 **Plantation FL**
 Zip 24 **33313** Country 25 **USA**
 2a. Mailing Address: 26 **6800 NW 14 ST**
 Suite, Apt. #, etc. 27
 City & State 28 **Plantation FL**
 Zip 29 **33313** Country 30 **USA**

4. FEI Number: **65-0867756** 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: Yes No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
 81 Name: **Jose Bernazar**
 82 Street Address (P.O. Box Number is Not Acceptable): **6800 NW 14 ST**
 83
 84 City: **Plantation** FL 85 Zip Code: **33313**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNAZAR, JOSE	
STREET ADDRESS	6800 N.W. 14TH STREET	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VALENTINE, JOHN	
STREET ADDRESS	5111 N.W. 87TH AVE.	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMARCO, LAWRENCE	
STREET ADDRESS	10528 PLAINVIEW CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* 7-7-99 954-792-6474

CR2E034 (5/99)

S90336-90006-42
P98000061088

from the desk of Jose Bernazar

Wednesday, July 7, 1999

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern;

I received a copy of my 1999 Profit Corporation Annual Report packet on June 30, 1999. On the cover, it stated that it was my second notice and that the filing fee is \$550. This concerns me because I never received a first notice. Until now I was not aware of an annual report deadline. I called on July 1, 1999 and spoke with a representative of the examiner's office. She said to submit a letter stating my concerns along with \$150 so that the examiner's office may review it.

I thank you for your time. Should you have any questions feel free to contact me at anytime.

Sincerely,



Jose Bernazar

6800 NW 14 Street
Plantation, FL 33313
Phone 954-792-6474
Fax 954-792-7783
E-mail Bernazar@AOL.com