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

Mailing Address

**AVENTURA FL 33180** 

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

20533 BISCAYNE BLVD UNIT 4 SUITE N133

## OCUMENT #

3 BISCAYNE BLVD UNIT 4 SUITE N133

cipal Place of Business

**ITURA FL 33180** 

P98000066688

**IDVERTEL COMMUNICATIONS, INC.** 

07/30/1998 Applied For FEI Number 2a. Mailing Address Principal Place of Business Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes the current year Zip Country No. Vec Intangible Personal Property. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MERKIN, STEWART A Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVENUE SUITE 300 RIVERGATE PLAZA 83 MIAMI FL 33131 Zip Code 84 City 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. NATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ZO533 BISCAYNE BJUD 4N133 AVENTURA FL 33180 L Change Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS ET ADDRESS PRESIDENT. 1.4 CITY-ST-ZIP 3T-ZIP DELETE 2.1 TITLE Addition 2.2 NAME 2.3 STREET ADDRESS ET ADDRESS 2.4 CITY-ST-ZIP ST-ZIP Addition DELETE 3.1 TITLE \_\_ Change 3.2 NAME 3.3 STREET ADDRESS ET ADDRESS

Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90005 043 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4 CITY-ST-ZIP 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 ent with an address. in Block 12 or Block 13 if changed, or er en attach

3 4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

\_\_\_ DELETE

**GNATURE:** 

ST-ZIP

ST-ZIP

ST-ZIP

**ET ADDRESS** 

ET ADDRESS

ET ADDRESS

Change

Change

CR2E034 (5/99)

Addition

\_\_\_\_ Addition

Addition