

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
Apr 19, 1999 8:00 am
Secretary of State
04-19-1999 90076 027 ***150.00

0059196

DOCUMENT # P98000074969

1. Corporation Name
INNOVATION PRODUCTS, INC.



Principal Place of Business
19555 E. COUNTRY CLUB DRIVE
SUITE 404
AVENTURA FL 33180

Mailing Address
19555 E. COUNTRY CLUB DRIVE
SUITE 404
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **3060 NE 190TH Street**
Suite, Apt. #, etc.
22 **Aventura, Florida**
City & State
23 **33180 USA**
Zip Country
24 **25**
2a. Mailing Address
26 **3060 NE 190TH Street #106**
Suite, Apt. #, etc.
27 **Aventura, Florida**
City & State
28 **33180 USA**
Zip Country
29 **30**

3. Date Incorporated or Qualified
08/27/1998

4. FEI Number
65-0859852

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent
TABACINIC, MANUEL
19555 E. COUNTRY CLUB DRIVE
SUITE 404
AVENTURA FL 33180

10. Name and Address of New Registered Agent
81 Name **Mayer Wancejer**
82 Street Address (P.O. Box Number is Not Acceptable)
3060 NE 190TH Street
83 **Suite 106**
84 City **Aventura** FL 85 Zip Code **33180**

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 **Mayer Wancejer**

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

(NOTE: Registered Agent signature required when reinstating)

04/13/99
DATE

12. OFFICERS AND DIRECTORS

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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President Mayer Wancejer
1.3 STREET ADDRESS	3060 NE 190TH Street #106
1.4 CITY-ST-ZIP	Aventura, FL 33180
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President Manuel Tabacinic
2.3 STREET ADDRESS	19555 E Country Club Dr #404
2.4 CITY-ST-ZIP	Aventura, FL 33180
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary Saul Rembaum
3.3 STREET ADDRESS	19555 E Country Club Dr #404
3.4 CITY-ST-ZIP	Aventura, FL 33180
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, with all other like empowered.

SIGNATURE: **Mayer Wancejer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/99 **(305) 6821175**
Date Daytime Phone #