## 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

## **DOCUMENT #** P98000080816

IDEA CLICK, INC.

Principal Place of Business % JULIO E. FERNANDEZ. CPA 2801 PONCE DE LEON BLVD., STE. 1000 Mailing Address

% JULIO E. FERNANDEZ. CPA 2801 PONCE DE LEON BLVD., STE. 1000

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90061 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

5 FL 33134	CORAL GABLES PL 33134				
			3. Date Incorporated or Qualifed		
			09/17/1998		
lace of Business	2a. Mailing Address		4. FEI Nember 10/1	Applied For	
	26		65-0869	937 Not Applicable	
#. etc.	Suite, Apt. #, etc.		COLUMN Parket	\$8.75 Additional	
.,	27		5. Certificate of Status Desired	Fee Required	
e _	City & State		6. Election Campaign Financing	\$5.00 May Be	
	28	-	Trust Fund Contribution	Added to Fees	
Country		Country '	8. This corporation owes the cur	rent year Intengible	
		<u> </u>	Personal Property Tax.	Yes □No	
		-1	10. Name and Address of New	Registered Agent	
81 Name C FCOMMINGS CON ON					
HUDSON-FERNANDEZ, CYNTHIA D			(10)0 P / =		
4815 SAN AMARO DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)		
		83 20	101 O-0- A /- 1	7/1 # 1000	
		- 1 2X	VI. PORCE WE LEON E	/ · · · · · · · · · · · · · · · · · · ·	
		84 City	oral Gables	FL 33134 617	
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					
edistered agept, or both, in the State	of Florida. Such change was autitions of Section 607 0505. Florid	horized by the corpo la Statutes.	oration's board of directors. I hereby acce	of the appointment as registered	
SIGNATURE XIII YUU XIII XIII					
Signature type of printed name of registered ager	any title if applicable. NOTE: R	egistered Agent signature n	equired when reinstating)	DATE	
OFFICERS A	DIRECTORS .	13.	ADDITIONS/CHANGES TO OF	FIGERS AND DIRECTORS IN 12	
10P/ //	DETETE	1.1 TITLE		☐ Change ☐ Addition	
HUDSON-FERNANDEZ, CYNTI	IIA D	1.2 NAME			
		1.3 STREET ADDRESS			
	•	1.4 CITY-ST-ZIP		اد	
	DELETE	2.1 TITLE	PRESIDENT	☐ Change ☐ Addition	
MARICA AZARE	**	2.2 NAME	MARISA AZARET	1	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2.3 STREET ADDRESS	1507 SUI 116 PLACE	E, UNIT A	
,			MIAMI FIL 33/	73	
· · · · · · · · · · · · · · · · · · ·	□ DELETE		11/11/11/11/10	Change Addition	
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	[]			Chara C Addition	
	☐ DELETE			☐ Change ☐ Addition	
:				}	
		6.3 STREET ADDRESS	_		
	Country  25  9. Name and Address of Current  SON-FERNANDEZ, CYNTHIA D  SAN AMARO DRIVE  AL GABLES FL 33146  to the provisions of Sections 607.050 edistered agent, or both, in the State of lamiliar with, and accept the obligation of the country of	#, etc.  #, etc.  City & State  28  Country  Zip  25  9. Name and Address of Current Registered Agent  SON-FERNANDEZ, CYNTHIA D  SAN AMARO DRIVE AL GABLES FL 33146  to the provisions of Sections 607.0502 and 507.1508, Florida Statutes edishered agent, or both, in the State of Florida. Such change was aufiliar with, and accept the obligations of, Section 607.0505, Florida Statutes of Florida Statutes and the section of the section for the state of Florida. Such change was aufiliar with, and accept the obligations of, Section 607.0505, Florida Statutes and the section for the state of Florida Statutes and the section for the state of Florida Statutes.  OFFICERS AND DIRECTORS  DELETE  HUDSON-FERNANDEZ, CYNTHIA D  4815 SAN AMARO DRIVE  CORAL GABLES FL 33146	# etc.   Suite, Apt. #, etc.   28   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Son-FERNANDEZ, CYNTHIA D   SAN AMARO DRIVE   AL GABLES FL 33146   B3   Street   Auriliary with, and accept ne obligations of Sections 607.0502 and 507.1508, Florida Statuties, the above-named egistered agent, or both, in the Statute of Florida, Such change was authorized by the corporal mamiliary with, and accept ne obligations of d. Section 607.0505, Florida Statuties.   Signature to Auriliary with, and accept ne obligations of d. Section 607.0505, Florida Statuties.   NOTE: Registered Agent signature to OFFICERS AND DIRECTORS.   NOTE: Registered Agent signature to OFFICERS AND DIRECTORS.   13.   TITLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   DELETE   2.1 TITLE   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   DELETE   3.1 TITLE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   DELETE   3.1 TITLE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   DELETE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   5.4 CITY-ST-ZIP   5.4 CITY-ST-ZIP   5.4 CITY	3. Date Incorporated or Qualified 99/17/1998 26 Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Son-FERNANDEZ, CYNTHIA D  SAN AMARO DRIVE  AL GABLES FL 33146  SUITE Representations of Sections 607 0002 and 507 1508, Florida Statutuse, the above-named corporation suptaints this statement for the explored agent or both, in the Stath of Florida. Statutes agent or both, in the Stath of Florida. Statutuse, the above-named corporation's board of directors. It hereby access make the corporation of the corporatio	

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 suppliemental 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 of the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or sofficer or director of the corporation Block 12 or Block 13 if changed, or

SIGNATURE: