

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 16, 1999 8:00 am  
Secretary of State

04-16-1999 90032 043 \*\*\*150.00

DOCUMENT # P98000091626

1. Corporation Name

INTERACTIVE MARKETING SOLUTIONS, INC.

Principal Place of Business

685 W. PARK DR., SUITE 206  
MIAMI FL 33172

Mailing Address

685 W. PARK DR., SUITE 206  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1998

4. FEI Number

65-0875 986

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 ☒

Suite, Apt. #, etc.

2a. Mailing Address

26 ☒

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

JOU, ROSA  
685 W. PARK DR., SUITE 206  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE RA ☐ DELETE

NAME ROSA JOU  
STREET ADDRESS 685 W PARK DR, SUITE 206  
CITY-ST-ZIP MIAMI FL, 33172

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME JOHN D. NAKDONG  
1.3 STREET ADDRESS 685 WEST PARK DR. SUITE 206  
1.4 CITY-ST-ZIP MIAMI, FL 33172

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME ROSA JOU  
2.3 STREET ADDRESS 685 W. PARK DR., SUITE 206  
2.4 CITY-ST-ZIP MIAMI, FL 33172

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME SUSETTE DUMAIS  
3.3 STREET ADDRESS 801 SIDNEY AVE  
3.4 CITY-ST-ZIP UNION BEACH, NJ 07735

4.1 TITLE RA ☒ Change ☐ Addition

4.2 NAME ROSA JOU  
4.3 STREET ADDRESS 685 W. PARK DR., SUITE 206  
4.4 CITY-ST-ZIP MIAMI FL 33172

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: ROSALBA JOU  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99  
Date

305-672-0881  
Daytime Phone #

CR2E034 (11/98)