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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J67249

1. Corporation Name
C.I.D.E.S.A., INC.

Principal Place of Business
C/O PRATS, FERNANDEZ & CO
151 MAJORCA AVENUE SUITE C
CORAL GABLES FL 33134

Mailing Address
C/O PRATS, FERNANDEZ & CO
151 MAJORCA AVENUE SUITE C
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/09/1987

2. Principal Place of Business
21 2121 PONCE DELEON BLVD

2a. Mailing Address
26 2121 PONCE DE LEON BLVD

4. FEI Number
65-0034546
Applied For
Not Applicable

Suite, Apt. #, etc.
22 240

Suite, Apt. #, etc.
27 # 240

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

City & State
23 CORAL GABLES, FL

City & State
28 CORAL GABLES, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country
24 33134 25 USA

Zip Country
29 33134 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRATS, GABRIEL
151 MAJORCA AVE #C
CORAL GABLES FL 33134

81 Name
GABRIEL PRATS
82 Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD.
83 SUITE 240
84 City
CORAL GABLES, FL FL 85 Zip Code
33134

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]* DATE 2-8-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME FERNANDEZ, CLARA B.
STREET ADDRESS 151 MAJORCA AVE
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE P, D Change Addition
1.2 NAME FERNANDEZ, CLARA B.
1.3 STREET ADDRESS 2121 PONCE DE LEON BLVD.# 240
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D DELETE
NAME FERNANDEZ, MARIO A
STREET ADDRESS 151 MAJORCA AVE
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE D. Change Addition
2.2 NAME FERNANDEZ, MARIO A.
2.3 STREET ADDRESS 2121 PONCE DE LEON BLVD.-# 240
2.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D DELETE
NAME FERNANDEZ, JOAQUIN A
STREET ADDRESS 151 MAJORCA AVE.
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE D. Change Addition
3.2 NAME FERNANDEZ, JOAQUIN A.
3.3 STREET ADDRESS 2121 PONCE DE LEON BLVD. # 240
3.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ST DELETE
NAME FERNANDEZ, FRANCISCO J
STREET ADDRESS 151 MAJORCA AVE.
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE S, T, D. Change Addition
4.2 NAME FERNANDEZ, FRANCISCO J.
4.3 STREET ADDRESS 2121 PONCE DE LEON BLVD. # 240
4.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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 reports 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: *[Signature]* DATE 4/27/99 (305) 444-8333
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/98)