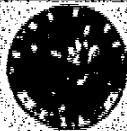


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS

95 APR 19 AM 1:38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M54328 (3)

1. Corporation Name DLIDO NOVELTY CORP.

Principal Place of Business C/O LERMAN & LERMAN P.A. 48 E FLAGLER ST PH-101 MIAMI FL 33131 Mailing Address C/O LERMAN & LERMAN P.A. 48 E FLAGLER ST PH-101 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/23/1987 3a. Date of Last Report 02/11/1994

4. FEI Number 59-2015769 Applied For Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

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

7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address 21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc. 22 City & State 27 City & State 23 Zip Country 28 Zip Country 24 25 29 30

9. Name and Address of Current Registered Agent ZIPPER, MAURICIO 1090 N SHORE DR 15TH FLOOR MIAMI BCH 33141 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 reconstituting. DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include titles and names for DP ZIPPER, MAURICIO; DVP ZIPPER, ROSA; DT ZIPPER, ARNOLD; DAS ZIPPER, JOEL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Rosa Zipper ROSA ZIPPER 4-12-95 (805) 534-7217