

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M54328** (3)

1. Corporation Name
DILIDO 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**

3. Date Incorporated or Qualified: **06/23/1987**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields for various details like Suite, City, State, Zip, and Country.

4. FEI Number: **59-2815769**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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): **1090 N. SHORE DR.**
83
84 City: **MIAMI BEACH** FL 85 Zip Code: **33141**

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ZIPPER, MAURICIO	
STREET ADDRESS	1090 N SHORE DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ZIPPER, ROSA	
STREET ADDRESS	1090 N SHORE DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ZIPPER, ARNOLD	
STREET ADDRESS	1090 N SHORE DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	ZIPPER, JOEL	
STREET ADDRESS	1090 N SHORE DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *X Rosa Zipper* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: _____ Design Phone #: _____

CR2E034 (12/95)