

DOCUMENT # M54328

Entity 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 33131-1012

FILED

00 MAR 13 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2815769

Amended For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIPPER, MAURICIO  
1090 N SHORE DR  
MIAMI BCH 33141

Name

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

City

FL

Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000, Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME	DP ZIPPER, MAURICIO	<input type="checkbox"/> Delete
STREET ADDRESS	1090 N SHORE DR	
CITY-ST-ZIP	MIAMI BCH FL	
FILE NAME	DVPS ZIPPER, ROSA	<input type="checkbox"/> Delete
STREET ADDRESS	1090 N SHORE DR	
CITY-ST-ZIP	MIAMI BCH FL	
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003178910--0
STREET ADDRESS	-03/21/00--01121--016
CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa Zipper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

3/6/2000

Date

Daytime Phone #