


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90029 045 ***158.75

0025792

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000019761

1. Corporation Name: **ANTDIA CORPORATION**

Principal Place of Business 8567 CORAL WAY SUITE 343 MIAMI FL 33155 US	Mailing Address 8567 CORAL WAY SUITE 343 MIAMI FL 33155 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 299 Alhambra Cir.	2a. Mailing Address 26 299 Alhambra Cir.
Suite, Apt. #, etc. 22 SUITE 416	Suite, Apt. #, etc. 27 SUITE 416
City & State 23 CORAL GABLES FL	City & State 28 CORAL GABLES FL
Zip 24 33134	Country 25 MIAMI-DADE
	Country 29 33134
	Country 30 MIAMI-DADE

3. Date Incorporated or Qualified 03/04/1997	4. FEI Number 65-0732467	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

YANNELLI, ANTONIO
2070 SW 122 AVE
#30
MIAMI FL 33175

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YANNELLI, ANTONIO	
STREET ADDRESS	8567 CORAL WAY, SUITE 343	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LUCAS, EUGENIO	
STREET ADDRESS	1445 SW 122 AVE, #7	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANTONIO YANNELLI	
1.3 STREET ADDRESS	2070 SW 122 AVE #30	
1.4 CITY-ST-ZIP	MIAMI FL 33175	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSE LOIS CASTELLANOS	
2.3 STREET ADDRESS	2250 SW 14 AVE.	
2.4 CITY-ST-ZIP	MIAMI FL 33145	
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 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: _____ DATE: **4/9/99** DAYTIME PHONE #: **305-461-1819**

CR2E034 (11/98)