

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

**FILED**  
**Aug 20, 1999 8:00 am**  
**Secretary of State**

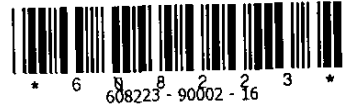
08-20-1999 90002 016 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # ~~P 9700005936~~  
 1. Corporation Name **P 9700005936**  
**DINO CONSUMER PRODUCTS CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**8315 N.W. 68TH STREET**  
**Miami, FL 33166**

3. Date Incorporated or Qualified  
**6/25/1997**

4. FEI Number **65-0763558** Applied For  
 Not Applicable

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

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, 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  
**FORONDA, CARLA V.**  
**8315 N.W. 68TH STREET**  
**Miami, FL 33166**

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
**PRESIDENT**

NAME **FORONDA, CARLA V.**

STREET ADDRESS **8315 N.W. 68TH STREET**

CITY-ST-ZIP **MIAMI, FL 33166**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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: **X** **8-2-99** **(305) 593-6292**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)

**FBG** **Freeman, Buczyner & Gero**  
Certified Public Accountants and Consultants  
A Partnership of Professional Associations

P97000055936  
608223-90002-16

SunTrust International Center  
One Southeast Third Avenue  
Suite 2120  
Miami, FL 33131  
Dade: (305) 375-0766  
Broward: (954) 359-8345  
Fax: (305) 375-0757  
Email: fbgcpa@aol.com

MEMBER

American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants

MGI Midsnell Group International  
an Association of Independent Accounting Firms

July 29, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Dihu Consumer Products, Inc.**  
**EIN: 65-0763558**  
**Document # P97000055936**  
**1999 Profit Corporation Annual Report**

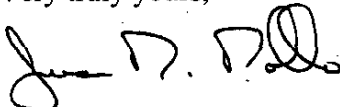
Dear Sir or Madam:

We are the accountants for the above-captioned taxpayer, who has asked us to write to you to correct a problem. In 1998, the taxpayer filed its annual report in July after receiving the second notice form. The taxpayer had no records of receiving the first notice, but nevertheless paid the additional \$400 for late filing. In 1999 the taxpayer again experienced the same problem, never receiving the first form timely, and receiving a duplicate only after we requested it in July.

We believe that there is a problem with the forms being mailed to this taxpayer, and this is making the taxpayer unable to file the reports on time. Since this is not the fault of the taxpayer, we respectfully request that the additional late filing fee be waived this year. Enclosed please find the completed form and a check in the amount of \$150.

We hope that the problem can be resolved so the taxpayer will receive the forms timely from now on. If you have any questions, please do not hesitate to contact me. Thank you for your assistance in this matter.

Very truly yours,



Juan R. Pollo

Enclosure

letter #02752