## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 09, 2002 8:00 am Secretary of State

DOCUMENT # P99000110239  1. Entity Name CIDECA CORPORATION					07-09-2002 90375 004 ***150.00			
	Sternation of the second	<u>-</u>						
Principal Place of Business 760 OCEAN DRIVE #3		Mailing Address 760 OCEAN DRIVE #3 MIAMI FL 33139			4		risk sørr rådr	
MIAMI FL 3313	<b>19.</b>	Windsi LF 22123						
2. Principal Place of Business		3. Mailing Address			i ibdiidde iid ibiil rêin daze gone barar er	IMI TIMET MUÇIM ELDAM I	IYA <b>n</b> Pingi alam	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4,	FEI Number 65-1019899		plied For t Applicable	
Zip_	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registers	ed Agent		]_
			Name				~~~~	
DIAZ, FRA	Street A	Street Address (P.O. Box Number is Not Acceptable)						
760 OCEA								
MIAMI BE	ACH FL 33139					7:- 01		-
	• • •	•	City		<b></b>	Zip Code	<i>-</i>	]
8. The above	named entity submits this statement for stat	•	s registered office o			TE		
Tax filing	oration is eligible to satisty its Intangible requirement and elects to do so, ria on back)		III FEE IS \$150. 002 Fee will be \$3 ble to Departmen	550.00 It of State	10. Election Campaign Financing Trust Fund Contribution.	☐ Ådded	O May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFICERS A			≘ ا
TITLE NAME STREET ADDRESS	P CIANCI DIAZ, FRANCESCO 760 OCEAN DR., #3	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	CR2E034 (9/01)
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP					띯
TIPLE NAME STREET ADDRESS	DE CASTRO, ENRIQUE U 8288 NW 647H STREET #2	Delete	TITLE MAME STREET ADDRESS	CANT	PRESIDENT IVLB, VINA M OCEAN DR #3 11 BEACH FL 33139	☐ Change	. Addition	Ö
CITY-ST-ZIP	MANN FL-63406		CITY-ST-ZIP	MINE	11 BEACH TE 33137	Thange	Addition	1
TITLE	T CANTELLA LINA M	☐ Celete	YITLE NAME	CANT	11.40	(Jest change	LI POGIOGII	1
NAME STREET ADDRESS*	CANTILLA, LINA M 8283 N.W. 64TH ST #2	`	STREET ADDRESS	760-0	CEAN-PA # 3	<u> </u>		Γ
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	MIAN	11 BEACH R 33139		···········	1
TITLE	SO MICHEL	☐ Delete	TITLE NAME			Change .	Addition	
NAME _STREET ADDRESS	LONDONO, MIGUEL 8283 N.W. 64TH ST #2		STREET ADDRESS		CBAN DR #3			
CITY-ST-ZIP	MIAMI FL 33166		City-ST-ZIP	MIAM	1 BEACH FL 33139			-
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZiP		<u>.                                    </u>	CITY-ST-ZIP					1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	☐ Addition	
OHT-SI-AF		th this filling does not a calify fa		tad in Section	n 119 07/3)(i) Florida Statutes I further	certify that the in	formation	

13. I hereby certify that the information supplied with this filling 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 eddress, with all other like empowered.

SIGNATURE:

THE MEQUIRECFRANCESCO CIANCI DIAZ 3/18/02