

**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 # S52861 (9)

1. Corporation Name  
NILDA'S, CORP.



Principal Place of Business: 4000 N FEDERAL HWY LIGHTHOUSE POINT FL 33064-6045  
Mailing Address: 4000 N FEDERAL HWY LIGHTHOUSE POINT FL 33064-6045

3. Date Incorporated or Qualified: 05/16/1991  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 65-0269569  
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. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, IRVING J, SR  
4000 HOLLYWOOD BLVD  
710 NORTH TOWER  
HOLLYWOOD FL 33021

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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 re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VILARINO, ANTONIO 7100 SW 9 ST PEMBROKE PINES FL	<input type="checkbox"/> DELETE	1.1 TITLE OFFICER VILARINO, MIRIAM 4000 N. FEDERAL HWY LIGHTHOUSE FL 33064
TITLE	VP VILARINO, NILDA E 7100 SW 9 ST PEMBROKE PINES FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S VILARINO, IRINA 7100 SW 9 ST PEMBROKE PINES FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	OFFICER VILARINO, NILDA A 4000 N. FEDERAL HWY LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	OFFICER VILARINO, VILMA V. 4000 N. FEDERAL HWY LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	OFFICER VILARINO, CARMEN 4000 N. FEDERAL HWY LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* 5/1/96 954-783-5338  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)