PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000074894

| 1. Corporatio | JI I INGI ING | | , | | | | | | |
|--|---|---|-----------------------------------|--------------------------|--|--|--|-----------------|---|
| SIDOC | USA, INC. | | | | 1 128 177 61 | i den feren bodd oend alan êrdir al | IKI L ag ik de ada ketia | AND LONGER | |
| | | | | | | | | | |
| Principal Place of Business Malling Address | | | | | 1 (03))(03 | ii Mā iaidi rēim dams ādum ādum ai | , | 19212 0000 1901 | |
| 3850 HOLLYW | OOD BOULEVARD | 3850 HOLLYWOOD BO | CULEVARD | | | | • | | |
| SUITE 402 SUITE 402 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 | | | н | | | DO NOT WRITE IN THIS SPACE | | | |
| HULLTWOOD | rt 33021 | HOLLINGOD PE 3302 | 4 | | 3. Date Incorpo | orated or Qualifed | | |] |
| | | | | | 08/27/199 | | | |] |
| 2. Principal F | Place of Business | 2a. Malling Address | Malling Address | | | • | . Ar | plied For | |
| al | | 26 | | | 65-08 | 369502 | No | I Applicable |] |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5 Certificate of | Status Desired | \$8.75 | | |
| 22 | | 27 | | | 3. 33 | | Fee Re | | |
| City & State | | City & State | | | | 8. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28) | | | | Trust Fund Contribution Added to Fees | | | |
| Zip Country | | ZipCountry | | | | | | | |
| 24 | 25 | 29 | 30 | | | Address of New Register | | | 1 |
| | 9. Name and Address of Current F | dadisteran wilang | | 81 Name | | | - | | 1 |
| ROM | MER, HOWARD | | | 1 | | | | | |
| 3850 HOLLYWOOD BOULEVARD | | | | 82 Street | Address (P.O. Box Num | (per la Not Acceptable) | | | |
| SUITE 402 HOLLYWOOD FL 33021 | | | | 83 | | | | | 1 |
| | | | | | | | 85 Zip (| `ode | ł |
| | | | | B4 City | | F | | | |
| 11. Pursuant | to the provisions of Sections 607.0502 a | and 607.1508, Florida S | tatutes, the al | ove-named | corporation submits this | statement for the purpose | of changing its | registered | |
| office or i | to the provisions of Sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation | Florida. Such change was of, Section 607.0505 | ias authorized , Florida Statt | by the com les. | poration's board of direct | ors, I neignly accept the ap | politarient as re | gigitor o d | |
| SIGNATURE | | | | | | | | | _ |
| SIGNATURE | Signature, typed or printed name of registered agent as | | | Agent signature | required when reinstating) | HANGES TO OFFICERS | AND DIRECTO | PS IN 12 | CR2E034 (11/98) |
| 12. | OFFICERS AND | DIRECTORS DELET | . 13. Έ ιιπ | 15 | AUDITIONS/C | MANGES TO OFFICERS | ☐ Change | Addition | ======================================= |
| TITLE | D LODGZ OUGZANO | اعتمادات | 1.2 NA | | | | _ , | _ | 4 |
| NAME | LOPEZ, GUSTAVO | | | ME REET ADDRESS | | | | | 8 |
| STREET ADDRESS | I | | | | ' | | | | l 🛱 |
| CITY-ST-ZIP | CALI COLOMBIA | ☐ DELET | | Y-\$T-ZIP | | | Change | Addition | Ü |
| TITLE | D | | 2.2 NA | | | • | | | |
| NAME | ROMER, HOWARD | | | reet adoress | | | | | |
| STREET ADDRESS | 3850 HOLLYWOOD BLVD 402 | | | TY-ST-ZIP | | | | | |
| TITLE | HOLLYWOOD, FL 33 | O21 DELET | | | | | ☐ Change | Addition | } |
| NAME | | | 3.2 NA | ME | | | - | | 1 |
| STREET ADDRESS | | | 3.3 \$7 | REET ADDRESS | | | | | 1 |
| CITY-ST-ZIP | 1 | | 3.4. C | TY-ST-ZIP | | | | | ļ |
| TITLE | | DELET | Е 41 П | LE THE | | | Change | 🔁 Addition | |
| NAME | 1 | | 4;2 N | ME ~ | | | | | l |
| STREET ADDRESS | \$ | | 43 ST | REET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CF | Y-ST-ZIP | | | | PT 4 (P2) | ١. |
| TIFLE | | ☐ DELET | E 5.1 TO | LE . | | | Change | Addition | |
| NAME | | | | | | | | | |
| | • | | 5.2 NA | | | | | | ļ |
| STREET ADDRESS | | | 5357 | REET ADDRESS | i | | | | |
| STREET ADDRESS CITY-ST-ZIP | | E per cr | 53 \$T 5.4 CF | NEET ADDRESS Y-ST-ZIP | | | Change . | ☐ Addition | |

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 Statutas. 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 early, 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 Statutas; and that my name appears in Block 12 or Block 13 if changed or on any attachment with an address, with all other like empowered.

SIGNATURE:

ROWATURE*

ROWATURE

**ROW CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

WING OFFICER OR DIRECTOR

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90190 028 ***150.00