

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90076 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000107694

1. Corporation Name
142 GIRALDA CORP.



Principal Place of Business C/O 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33133	Mailing Address C/O 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1643 Brickell Avenue		2a. Mailing Address 26 1643 Brickell Ave.		3. Date Incorporated or Qualified 12/29/1998	4. FEI Number 65-0895884	Applied For Not Applicable
22 Suite, Apt. #, etc. Apt. 2305		27 Suite, Apt. #, etc. Apt. 2305		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
23 City & State Miami, FL		28 City & State Miami, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
24 Zip 33129		29 Zip 33129		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25 Country USA		30 Country USA				

9. Name and Address of Current Registered Agent CORPCO, INC. 2899 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33133				10. Name and Address of New Registered Agent			
b1 Name							
b2 Street Address (P.O. Box Number is Not Acceptable)							
b3							
b4 City				b5 State FL		b6 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PD SAIDEN, Amin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	SAIDEN, Amin
STREET ADDRESS		1.3 STREET ADDRESS	1643 Brickell Ave., #2305
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SD SAIDEN, Silvia de <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SAIDEN, Silvia de
STREET ADDRESS		2.3 STREET ADDRESS	1643 Brickell Ave., #2305
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TD de NAVARRO, Silvia Saiden <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	de NAVARRO, Silvia Saiden
STREET ADDRESS		3.3 STREET ADDRESS	1643 Brickell Ave., #2305
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Silvia Saiden SIGNATURE REQUIRED: Silvia Saiden, SD Date: 4/29/99 Daytime Phone #

CR2E034 (1/98)