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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 430136 (2)

1. Corporation Name
LIDO ENTERPRISES, INC.



Principal Place of Business

175 FONTAINEBLEAU BLVD
SUITE 2-E
MIAMI FL 33172
US

Mailing Address

175 FONTAINEBLEAU BLVD
SUITE 2-E
MIAMI FL 33172-4511
US

3. Date Incorporated or Qualified
07/09/1973

3a. Date of Last Report
04/03/1996

2. Principal Place of Business

21 7135 COLLINS AVE

Suite, Apt. #, etc.

22 #1102

City & State

23 MIAMI-BEACH FLA

Zip

24 33141

Country

25 DAGE

2a. Mailing Address

26 7135-COLLINS AVE

Suite, Apt. #, etc.

27 #1102

City & State

28 MIAMI-BEACH FLA

Zip

29 33141

Country

30 DAGE

4. FEI Number

59-1497425

Applied For

Not Applicable

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. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SENDRA, JOSE A.
175 FONTAINEBLEAU BLVD
SUITE 2-E
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name SENDRA, JOSE A.

82 Street Address (P.O. Box Number is Not Acceptable)

7135 COLLINS AVE #1102

83

84 City MIAMI-BEACH

FL

85 Zip Code

33141

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

J. A. Sendra

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE S ☐ DELETE

NAME SENDRA, NIDIA

STREET ADDRESS 175 FONTAINEBLEAU BLVD, #2E

CITY-ST-ZIP MIAMI-FL

2. TITLE PD ☐ DELETE

NAME SENDRA, JOSE A.

STREET ADDRESS 175 FONTAINEBLEAU BLVD, #2E

CITY-ST-ZIP MIAMI-FL

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SEC. ☒ Change ☐ Addition

1.2 NAME SENDRA NIDIA

1.3 STREET ADDRESS 7135 COLLINS AVE #1102

1.4 CITY-ST-ZIP MIAMI BEACH-FL. 33141

2.1 TITLE PD ☐ Change ☐ Addition

2.2 NAME SENDRA JOSE A

2.3 STREET ADDRESS 7135 COLLINS AVE #1102

2.4 CITY-ST-ZIP MIAMI BEACH FL. 33141

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 do 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.

SIGNATURE:

J. A. Sendra JOSE A. SENDRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

Date

941-649-7757

Daytime Phone #

0031782

CR2E034 (9/96)