

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90035 043 \*\*\*150.00

**DOCUMENT # F01000004471**



1. Entity Name

LIDECE INVESTMENT AND REAL ESTATE N.V.

Principal Place of Business

9240 SUNSET DR., SUITE 204  
MIAMI FL 33173

Mailing Address

9240 SUNSET DR., SUITE 204  
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SEMET, BARRY N ESQUIRE  
100 SE 2ND ST., 17TH FL  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME NUNEZ DE LEON, CARMEN H  
STREET ADDRESS 9240 SUNSET DR., SUITE 204  
CITY-ST-ZIP MIAMI FL 33173

TITLE D ☐ Delete  
NAME NUNEZ DEGWITZ, LUIS T  
STREET ADDRESS 9240 SUNSET DR., SUITE 204  
CITY-ST-ZIP MIAMI FL 33173

TITLE D ☐ Delete  
NAME CELIS, ELIZABETH D  
STREET ADDRESS 9240 SUNSET DR., SUITE 204  
CITY-ST-ZIP MIAMI FL 33173

TITLE D ☐ Delete  
NAME HUYZEN, ROBERT J  
STREET ADDRESS CASTORWEG 22/24  
CITY-ST-ZIP CURACAO, NETHERLANDS ANTILLES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Carmen H Nunez de Leon Director

January 21, 2004

305-279-0970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

94048523



MOORE

CR2E034 (11/03)

4. FEI Number

98-0044333

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**