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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G46674** **(9)**

1. Corporation Name
BARDIDO CORP.

Principal Place of Business	Mailing Address
C/O J. BENJAMIN 4300 DUHME RD., SUITE 301 MADEIRA BEACH FL 33738 US	P.O BOX 86367 MADEIRA BEACH FL 33738 US

3. Date Incorporated or Qualified: 06/24/1983
3a. Date of Last Report: 01/24/1995

2. Principal Place of Business	2a. Mailing Address
21 C/O J. BENJAMIN 4780 DOLPHIN CAY LN.	26 C/O J. BENJAMIN 4780 DOLPHIN CAY LN.
22 Suite, Apt. #, etc. # 103	27 Suite, Apt. #, etc. #103
23 City & State ST. PETERSBURG, FL.	28 City & State ST. PETERSBURG, FL.
24 Zip 33711 — 25 Country U.S.A.	29 Zip 33711 — 30 Country U.S.A

4. FEI Number: 59-2301723 ☐ 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

BENJAMIN, JEROME
4300 DUHME ROAD, SUITE 3-D
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name: BENJAMIN, JEROME
82 Street Address (P.O. Box Number is Not Acceptable): 4780 DOLPHIN CAY LN.
83 # 103
84 City: ST PETERSBURG FL 85 Zip Code: 33711

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: Jerome Benjamin, PRESIDENT — DATE: JAN. 18, 1996
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP NAME: BENJAMIN, JEROME STREET ADDRESS: PO BOX 86367 CITY-ST-ZIP: MADEIRA BEACH FL	☐ DELETE	1.1 TITLE: D P 1.2 NAME: BENJAMIN, JEROME 1.3 STREET ADDRESS: 4780 DOLPHIN CAY LN. #103 1.4 CITY-ST-ZIP: ST. PETERSBURG, FL 33711	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ 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: Jerome Benjamin, — JAN. 18, 1996 — 813-866-7895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEROME BENJAMIN

CR2E034 (12/95)