FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91566 039 ***150.00

DOCUMENT # G55649

1. Entity Name
ALADIN INVESTMENT CORPORATION

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643911

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
650 OCEAN DRIVE		650 OCEAN DRIVE	
Suite, Apt. #, etc.: 11-C		Suite, Apt. #, etc.: 11-C	
City & State: KEY BISCAYNE, FLORIDA		City & State: KEY BISCAYNE, FLORIDA	
Zip: 33149	Country: MIAMI-DADE	Zip: 33149	Country: MIAMI-DADE

4. FEI Number: 59-2497089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: DEL DAGO, FRANCISCO JAVIER
Street Address (P.O. Box Number is Not Acceptable)
650 OCEAN DRIVE, SUITE # 11-C
City KEY BISCAYNE **FL** Zip Code 33149

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.

SIGNATURE [signature] 04/18/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	DEL DAGO, FRANCISCO JAVIER	NAME	
STREET ADDRESS	650 OCEAN DRIVE #11-C	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	DEL DAGO, DUNIA	NAME	
STREET ADDRESS	650 OCEAN DRIVE #11-C	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/18/2002 (305)361-6820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #